

**EFFECTIVENESS OF THOUGHT FIELD THERAPY ON  
LEVEL OF ANGER AMONG ADOLESCENTS IN  
SELECTED SCHOOLS AT VIRUDHUNAGAR DISTRICT**



DISSERTATION SUBMITTED TO  
**THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY**  
**CHENNAI**  
IN PARTIAL FULFILMENT FOR THE DEGREE OF  
**MASTER OF SCIENCE IN NURSING**

**SEPTEMBER 2015**

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**BY**

**Mrs. K. SUTHA MAHESH**



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**SRI.K.RAMACHANDRAN NAIDU COLLEGE OF NURSING**

**Affiliated To The Tamilnadu Dr.M.G.R. Medical University,**

**K. R. Naidu Nagar, Sankarankovil, Tirunelveli District-627 753**

**Tamilnadu.**

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**CERTIFICATE**

This is a bonafide work of **Mrs. K. SUTHA MAHESH M.Sc NURSING II** year (2013-2015 Batch) student of Sri. K.Ramachandran Naidu College of Nursing, Sankarankovil - 627 753. Submitted in partial fulfillment for the **Degree of Master of Science in Nursing**, under the Tamilnadu Dr.M.G. R. Medical University, Chennai.

**SIGNATURE:** \_\_\_\_\_

**Prof.(Mrs).N.Saraswathi, M.Sc. (N)., Ph.D (N).,**

Principal & Head of the Department of Paediatric Nursing

Sri K. Ramachandran Naidu College of Nursing

Sankarankovil (Tk), Tirunelveli (Dist).

**COLLEGE SEAL**

**EFFECTIVENESS OF THOUGHT FIELD THERAPY  
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SELECTED SCHOOLS AT VIRUDHUNAGAR DISTRICT**

APPROVED BY THE DISSERTATION COMMITTEE ON \_\_\_\_\_

**RESEARCH GUIDE**

**Prof.(Mrs).N.SARASWATHI, M. Sc.(N)., Ph. D (N).,** \_\_\_\_\_

Principal & Head of the Department of Pediatric Nursing,  
Sri. K. Ramachandran Naidu College of Nursing,  
Sankarankovil, Tirunelveli-627 753,  
Tamilnadu.

**SUBJECTGUIDE**

**Mr. C. SELGIN LEONS, M. Sc (N).,** \_\_\_\_\_

Lecturer, Department of Mental Health (Psychiatric) Nursing,  
Sri. K. Ramachandran Naidu College of Nursing,  
Sankarankovil, Tirunelveli-627 753,  
Tamilnadu.

**MEDICAL GUIDE**

**Dr. C. PANNEER SELVAN, M.B.B.S. M.D., (Psy) NIMHANS** \_\_\_\_\_

Consultant Psychiatrist,  
Sneka Mind Care Centre,  
South Bye Pass Road, Tirunelveli-627 005,  
Tamilnadu.

DISSERTATION SUBMITTED TO  
**THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY**  
**CHENNAI**  
IN PARTIAL FULFILLMENT FOR THE DEGREE OF  
**MASTER OF SCIENCE IN NURSING**  
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## **ABSTRACT**

“A study to assess the effectiveness of thought field therapy on level of anger among adolescents in selected schools at Virudhunagar district” was done by Mrs. K. Sutha Mahesh as a partial fulfillment of the requirement for the Degree of Master of Science in Nursing at Sri. K. Ramachandran Naidu College of nursing, Tirunelveli under the Tamil Nadu Dr. M. G. R. Medical University, Chennai during the year of September 2015.

### **The objectives of the study were,**

1. To assess the pre test and post test level of anger among adolescents in experimental group and control group.
2. To find out the effectiveness of thought field therapy on level of anger among adolescents in experimental group.
3. To compare the pre test and post test level of anger among adolescents in experimental group.
4. To associate the post test level of anger among adolescents in experimental group and control group with their selected demographic variables.

### **The following hypotheses were formed for the study**

All hypotheses were tested at 0.05 level.

RH<sub>1</sub> - The mean post test level of anger among adolescents in experimental group was significantly lower than the mean post test level of anger in the control group.

RH<sub>2</sub> - The mean post test level of anger among adolescents in experimental group was significantly lower than the mean pre test level of anger in the experimental group.

RH<sub>3</sub> - There was a significant association between the post test level of anger among adolescents in experimental group and control group with their selected demographic variables.

The study was based on Roy's stress adaptation model. The Quantitative approach was used for this study. The study was conducted in Government higher secondary school, Sankarapandiyapuram and Government higher secondary school, Uppathur in Virudhunagar district. The design adopted for this study was true experimental pre test post test control group design to evaluate the effectiveness of thought field therapy on level of anger among adolescents. Systematic random sampling technique was used to select 30 samples for control group from Government higher secondary school, Uppathur and the same method was used to select 30 samples for experimental group from Government higher secondary school, Sankarapandiyapuram.

The data collection tool used for the study was Modified NOVACO anger Scale. The content validity of the tool was obtained from four nursing experts and one medical expert in the field of psychiatric nursing. The reliability of the tool ( $r=0.89$ ) was established by test retest method by using Karl Pearson's correlation coefficient formula. The tool was accepted as reliable by the clinical experts. Pilot study was conducted to find out the feasibility and done the data analysis.

Data collection was done by using the Modified NOVACO anger scale and the data obtained were analyzed both in terms of descriptive and inferential statistics.

**The major findings of the study were,**

1. In experimental group the post test mean value was 56.57 with the standard deviation of 16.67. In control group the post test mean value was 69.2 with the standard deviation of 10.14. The calculated 't' test value was 2.833.
2. In experimental group, it showed the mean value of 68.7 with the standard deviation 12.02 in pre test and a mean value of 56.57 with the standard deviation 16.67 in post test. The mean difference was 12.13. The calculated 't' test value was 3.23.

3. There was a significant association between the post test level of anger among adolescents in the experimental group with the demographic variable sex and birth order. There was no significant association between the post test level of anger among adolescents in the experimental group with the demographic variables age, education, education of parents, occupation of parents, family monthly income, religion, number of friends, number of siblings, type of family, dietary pattern and area of living.
4. There was no significant association between the post test level of anger among adolescents in control group with their selected demographic variables.

**On the basis of the findings of the study it is recommended that,**

The following studies can be undertaken to strengthen thought field therapy as a good remedy for reducing the level of anger among adolescents.

- ♣ A study can be carried out to assess the relationship between anger, anxiety, depression, self esteem and psychological well being among adolescents.
- ♣ A Comparative study can be conducted to assess the level of anger among male and female adolescents.
- ♣ A quasi experimental study can be done to assess the effect of thought field therapy on anxiety among physically disabled adolescents.
- ♣ An experimental study can be conducted to assess the effect of thought field therapy on aggression and impulsive behavior among the adolescents.
- ♣ An experimental study can be conducted to assess the effect of thought field therapy on mental health among the adolescents.

**Conclusion**

From the result of the study, it was concluded that providing thought field therapy to the adolescents was effective to reduce the level of anger. Therefore the investigator felt that more importance should be given for thought field therapy to reduce the level of anger among the adolescents.



# CHAPTER - I

## INTRODUCTION

*Anger is an acid that can do more harm to the vessel in which it is stored*

*than to anything on which it is poured.*

***Mark Twain***

### BACKGROUND OF THE STUDY

Anger is "an emotional state that varies in intensity from mild irritation to intense fury and rage." **(Charles Spielberger, 2012)**

Anger is an emotion which appears in everyone, that an excitement is controllable and normal that has allowed humans to evolve and adapt. Anger in principle is not a bad emotion, but it is not managed in the right way, will cause problems. If the outrage is properly managed, gives the power to take action in order to achieve our goals or to deal with problems, if it is balanced, it will help controlling the situation, it gives the courage to ask the demands resolutely and make others familiar with our point of views. **(Novaco, 2014)**

Anger is an alternate and natural emotion; anger is also an out-coming response to pain in one form or another (physical or emotional). Anger can happen when people do not feel fine, when they feel rejected and discouraged or experience some loss. **(Smith & Lazarus, 1993)**

Anger may be caused by internal factors, such as irrational thoughts and beliefs, Ill-fitting expectations and feelings of failure or external factors such as barratry, Being ignored, not being considerate of others, insults and abuse are actually getting. **(Klinke & Mohammad Khani, 2002)**



Anger can be defined as an emotional state or internal emotions Induced physiological arousal and cognitive thoughts related to malice. Anger will have Harmful effects on individuals internally or externally. Inability to anger management, in addition to personal discomfort has detrimental results of aggression, Impairment of general health and interpersonal relationships, and coping. Anger is the bridge both to physical and verbal aggression and to hostility. **(Cherniss, 2010)**

Anger is an emotional state in a range of physical and mental that may include from irritability to exasperation. The findings of several studies show that the anger is a defence of the Ego when a person is confronted with other negative reflected appraisals will defend itself against the opinions of others. Some people are more prone to anger and various social and psychological factors affect the formation of expressing anger. **( Bvshmn & Bamysr 1998)**

Anger may lead to family, Interpersonal, job conflicts, negative evaluation of others and low self-esteem. Chronic anger negatively affect physical and mental health, social interaction and quality of life. **(Marie & merchandise& pin, 2003)**

Adolescents face a lot of emotional issues during the period of development. It is a stressful developmental period filled with major changes in physical maturity and sexuality, cognitive processes, emotional feelings, and relationships with others. They will face questions of identity, separation and relationship. The relationship between teens and their parents also will change as teen become more independent. This can bring more frustration and confusion that lead to anger and a pattern of reactive behaviour in adolescents. **(Dixon, Scheidegger, & Mcwhirter, 2009)**

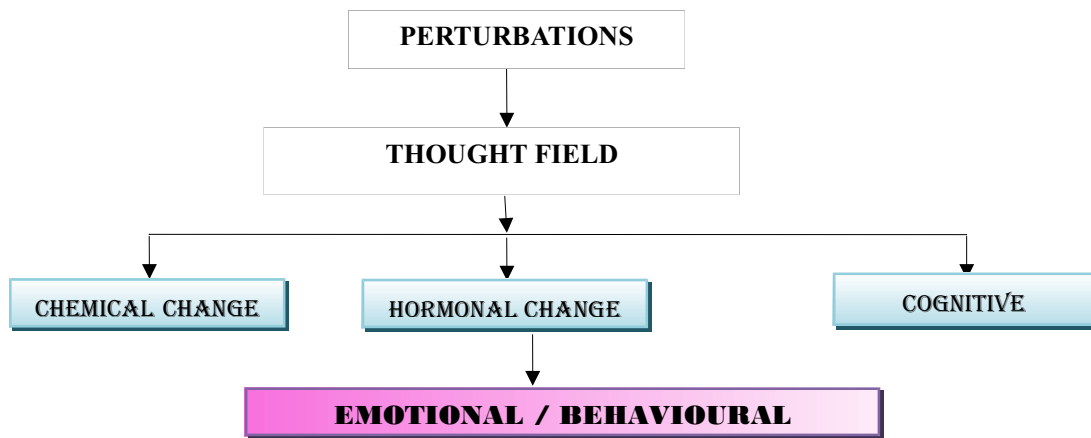
Anger is one of the strong emotional expressions among them and it is a challenging emotion for many teens as it often masks other underlying emotions such as frustration, embarrassment, sadness, hurt, fear, shame, or vulnerability. When teens

are unable to cope with these feelings, they may lash out, putting themselves and others at risk. The negative expressions of anger include physical and verbal violence, prejudice, malicious gossip, antisocial behaviour, addictions, withdrawal, and psychosomatic disorders. These negative expressions of teenage anger can devastate lives, destroying relationships, harming others, disrupting work, clouding effective thinking, affecting physical health, and ruining futures. **(Bahman Roshani, 2009)**

Teens that are exposed to frequent images of violence through videogames, movies and television will have the risk of anger expression. In addition, teens that were punished for their anger when they were young might also be at higher risk for anger disorders later in life. They never learn how to express the emotion properly, so the problem tends to grow. **(Walker et al., 1991)**

In TFT, the word, “thought field,” can often be used interchangeably with the words, “memory,” or simply “thought;” however, in order to understand the dynamics of TFT, it is helpful to think of a memory in terms of a thought field. A field is an invisible, non-material structure in space that has an effect upon matter. Another invisible field is the gravitational field. Every living being generates electromagnetic fields that can be measured as far as several feet away from the body. Thought fields are the cause of chemical, hormonal, and cognitive changes, leading to emotional and behavioural changes. **(Khosro Frahadi, 2014)**

Thought Field Therapy is a treatment for psychological disturbances that provides a code, that when applied to a psychological problem the person is focusing on, will eliminate the perturbations in the thought field – the fundamental cause of all negative emotions. TFT empowers a person to deal with even the most extreme stress and trauma rather than being overwhelmed by negative emotions. **(Parisa Amjadian, 2006)**



### Thought field therapy paradigm

Thought Field Therapy is a system that facilitates healing as it accesses and resolves, through a combination of our thoughts and the meridian system, the essence and root cause of a problem, whether emotional or physical. It working with negative emotions, phobias, anger, guilt, grief, trauma, addictions, depression, etc. These negative emotions and many physical problems are condensed information in energy form, bound in Thought Field. The active information in this Thought Field creates the distress by controlling the negative emotions, and subsequently our behavior. **(Dr. Callahan began, 2013)**

## NEED FOR STUDY

Adolescents are the future citizens of nation. Adolescent's health play an important role in building the nation's economy. Nearly a quarter of today's populations are adolescents aged 10-24 years numbering more than 1.8 billion. One in every five people in the world is an adolescent and 85% in developing countries. **(Reza Jafary, 2004)**

Anger and the expression of anger may be associated with suicidal behaviour via their relationship with the behavioural activation and behavioural inhibition systems. The behavioural activation system is the biological system associated with appetitive or approach behaviour, whereas the behavioural inhibition system is associated with avoidance behaviours. **(Gray, 2009)**

Research findings regarding the relationship between anger, the expression of anger, and suicidal behaviour among youths and young adults have been mixed. Cross-sectional studies variously have found that higher levels of trait anger differentiate suicidal and non-suicidal youths are more common among previous or repeat adolescent suicide attempters, its differentiate between groups with different histories of suicidal behaviours, or are not related to suicidality after controlling for covariates. **(Kingsbury, 1999)**

Uncontrolled anger can cause many of the same problems linked to uncontrolled stress, including a depressed immune system, high blood pressure, chronic fatigue and irritable bowel syndrome and lead to asthma-related issues. Some teens turn to drugs or alcohol to numb their anger and make they feel calm. These teens may experiment with drugs, causing chemical changes in their brains, and then be unable to stop taking those drugs even though they know the use is dangerous. Anger also puts great strain on the heart, causing it to work much harder than it

should. Anger has long been linked to heart disease, research suggests that adult men who explode in anger have a greater risk of experiencing a stroke, and they may die at an earlier age. **(Hinshaw, Lahey, & Hart, 1993)**

Longitudinal studies have focused primarily on the utility of anger variables at entry to the study to predict subsequent suicidal behaviour. Specifically, anger was found to predict suicide attempts over three years among depressed children and adolescents, anger toward self was related to subsequent suicidal ideation among male but not female adolescents followed through young adulthood, and trait anger assessed at psychiatric hospitalization did not predict the time until first suicide attempts in the first five years after discharge among adolescents. **([Goldston et al., 1999](#))**

Recent studies have shown that 70 to 80 percent of children have diagnosable mental disorders within the school. A study of 40 developing countries showed that exposure to aggression and bullying ranged from 8.6–45.2% in boys and from 4.8–35.8% in girls. **(Diana Lea Baranovich, 2000)**

The study indicates that most studies conducted on children have focused on aggression rather than anger. Despite research proposing that anger often serves as a precursor to violence and aggression, the “role of anger has received less empirical attention as an independent research variable when compared to aggression”. **(Burney, 2001)**

In India, researchers have focused on factors such as perceived popularity among the peer group, gender difference and the risk factors such as family system, environment, aggression, victimization and social relationships. Society has seen an increase in the incidents of aggression and anger among youth. It includes behaviours such as slapping, hitting, rape, recklessness, driving and shooting in school, truancy,

road rage and other high-risk behaviours. Nearly 18.6% of females aged 12-17 got into a serious fight at school or work. 14.1% participated in a group-against-group fight and 5.7% attacked another person with an intent to seriously harm him/her.

**([Alaattin Erkanli](#), 2011)**

According to 2001 U.S crime statistics, youth under the age of 18 accounted for 15% of violent crimes that year. Furthermore, for every teen arrested in 2001, at least ten were in violence that could have resulted in injury or death to another. **(Peter Carnevale, 2005)**

About one-fifth of India's population is in the adolescent age group of 10–19 years. It is estimated that there are almost 200 million adolescents in India. It is expected that this age group will continue to grow reaching over 214 million by 2020. However, growth for this age group will peak at 223 million in 2015 and will then slow. In Tamilnadu 21 percent of the state population are adolescents out of 6.11 crore population. **(David Feinstein, 2008)**

Over the past 50 years, rates of maladaptive aggression and antisocial behaviours have increased in frequency and severity among adolescents in the world. The most catastrophic form of maladaptive aggression in society is taking the life of another. Victimization rates for murder and non-negligent manslaughter rise with age during the developing years. When 21-year trends are compared, children less than 13 years of age have a risk of death by violence of about 2 per 100,000 children. Rates of violent death increase greater than twofold in the early adolescent years and they rise again almost threefold for young adults aged 18–24 years. **(Ashland & Oregon, 2002)**

A study taken from VU University, examined the role of the level and variability of happiness and anger, anxiety and sadness in the development of

adolescents. The study was done on 452 adolescents (250males) aged 13-14years over a period of 3 months interval across one year. The results showed that anger played the most prominent role in the aggressive behavior, while heighten levels of negative emotion and diminished happiness causes depression. **(Amsterdam, 1998)**

A study was conducted to assess the characteristics of children who are at risk for high anger levels and aggression as well as those who are able to modulate their anger. The survey describes the levels of anger in 624 rural high school students. Differences among the sample include higher internal anger expression in girls, higher trait anger in boys ages 15-16, and higher trait anger in girls ages 16-17 years. **(Beutler, 2003)**

Studies in Japan have found that thought field therapy decreased stress among adolescents. Thought field therapy was performed for 2 weeks. A questionnaire and measurement of stress marker levels were administered before and after the thought field therapy, according to the press release."A decrease in stress after thought field therapy compared to before was confirmed and with the stress marker," the researchers noted, adding, "thought field therapy appears likely to prove effective in reducing psychological stress among adolescents."**(Satou T, Chikama M et al, 2012)**

Anger is more prevalent in adolescents. The researcher felt that a study to reduce anger among adolescents by managing their emotions. There are only few studies conducted in this area. So the researcher selected this problem for research study which is intended to find the effectiveness of thought field therapy on level of anger among the adolescents.

## STATEMENT OF THE PROBLEM

A study to assess the effectiveness of Thought field therapy on level of anger among adolescents in selected schools at Virudhunagar District.

## OBJECTIVES

- ❖ To assess the pre and post test level of anger among adolescents in experimental group and control group.
- ❖ To find out the effectiveness of Thought field therapy on anger among adolescents in experimental group.
- ❖ To compare the pre and post test level of anger among adolescents in experimental group.
- ❖ To associate the post test level of anger among adolescents with their selected demographic variables in experimental group and control group.

## HYPOTHESES

- H<sub>1</sub>: The mean post test level of anger among adolescents in experimental group will be significantly lower than the mean post test level of anger in the control group.
- H<sub>2</sub>: The mean post test level of anger among adolescents in experimental group will be significantly lower than their mean pre test level of anger.
- H<sub>3</sub>: There will be a significant association between the post test level of anger among adolescents with their selected demographic variables in experimental group and control group.

## OPERATIONAL DEFINITIONS

### ASSESS

It refers to systematically measuring and monitoring the level of anger before and after Thought field therapy by using Modified Navoca anger scale.



## **EFFECTIVENESS**

It refers to the outcome of Thought field therapy on anger among adolescents studying in selected schools. It is measured in terms of the difference between the pre test and post test level of anger and its scores.

## **THOUGHT FIELD THERAPY**

It is a set of exercises by using the fingers and tapping the meridian points includes under eye, (under the pupil just below the rim of the bone), under arm (about 4 inches down from the arm pit), collarbone (1 inch down from the v of the neck and 1 inch over to right side) and gamut spot (on the back of the hand in the indentation between the bones of the tiny finger and the ring finger about half inch back onto the hand). It will be given for 30mts a day from Monday to Friday in the morning 8.30 am to 9.00 am for 5 days in a week for 4 weeks.

## **ANGER**

Anger is normal emotion with a wide range of intensity, from mild irritation and frustration to rage. It is a reaction to a perceived threat to ourselves, our loved ones, our property, our self images, or some part of our identity. Anger is a warning bell that tells us that something is wrong.

## **SCHOOL**

It is an administrative unit dedicated to and designed to impart skills and knowledge to students

## **ADOLESCENTS**

In this study adolescent is an individual person who is between the age of 11-16 years of both sex and studying in selected schools.

## **ASSUMPTIONS**

- Most of the adolescents may have anger.
- Anger may differ from individual to individual.
- Thought field therapy may help adolescents to reduce their anger and stress.

### **DELIMITATIONS**

- ❖ The study will be limited to selected schools in Virudhunagar District.
- ❖ The study will be delimited to the adolescents within the age group of 11 to 16 years.
- ❖ The study is delimited to sample size of 60.
- ❖ The data collection period delimited to one month.

### **PROJECTED OUTCOME**

The findings of the study will help and motivate the teachers to provide Thought field therapy in order to reduce the level of anger among adolescents.

## **CONCEPTUAL FRAMEWORK**

Conceptual models or conceptual framework represent a less formal attempt at organizing phenomena than theories. Conceptual models broadly present an

understanding of the phenomena of interest and reflect the assumption and philosophical view of the model designer.

One of the important purposes of conceptual framework is to communicate clearly the relationship of various concepts. It guides an investigator to know what data needs to be collected and gives direction to the entire research process.

In the present study the conceptual model was adopted from the Roy's adaptation model which was designed by Sr. Callista Roy's in the year (1970). Roy's adaptation model focuses on the concept of adaptation. She considered individual as an open system, adjusts with stimuli of self and environment.

In this study, the adolescents with anger are considered to be open adaptive system.

## **SYSTEM**

In her model Roy conceptualizes the person as a holistic perspective. Individual aspects of parts act together to form a unified being. Additionally, on living systems, persons are in constant interaction with their environment. Between the system and the environment occurs an exchange of information, matter and energy. Characteristics of a system include input, control process and feedback.

In this study, the system is the adolescents and the environment is their society where they are living. Both will have constant interaction with each other.

## **INPUT**

The adaptive system has input of stimuli and adaptation level, output as behavioural responses that serve as feedback, control process known as coping mechanisms.

Demographic variables of the adolescents such as age, sex, education, education of parents, occupation of parents, family monthly income, religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living precipitates the coping mechanism of the adolescents in society reflected either as adaptive or maladaptive responses. Because of internal and external factors interaction, most of the adolescents will have anger. Anger level was assessed by Novaco anger rating scale as pre test.

## **CONTROL PROCESS/ COPING MECHANISMS**

Roy had used the term coping mechanism to describe control processes of the person as an adaptive system, which are called the “Regulator” and “Cognator”.

A regulator subsystem is a coping mechanism which responds through complex perception and information processing through learning, judgement and emotion. The maladaptive pattern of anger alters both regulator and cognator subsystem can be noted as inadequate sleep and rest. The changes in cognator subsystem can be noted as reduced concentration, poor problem solving, maladaptive coping mechanism, decreased academic performance, decreased self esteem, and increased feeling of inadequacy and social integrity.

There is imbalance of regulator and cognator subsystem because of maladaptive response. It is balanced by giving thought field therapy

Thought field therapy is a set of exercises use the fingers and tapping the meridian points includes under eye, under arm, collarbone and nine gamut spot. It will

be given for 30mts per day for twice a week, 6 sessions for 3 weeks. It helps the adolescents to reduce the level of anger.

### **EFFECTORS/ADAPTIVE MODES**

Although regulator and cognator processes are essential to the adaptive responses of the person, the processes are not directly observable. The adaptive modes are the physiological, self concept, role function and interdependence modes. By observing the person's behaviour in relation to the adaptive modes, the nurse can identify adaptive or ineffective responses in relation to health and illness.

### **OUTPUT AND FEEDBACK**

Output is the identification of post test level of anger among adolescents by using Novaco anger rating scale.

## CHAPTER-II

### REVIEW OF LITERATURE

Review of literature refers to an extensive and systematic examination of publications relevant to the research project. One of the most satisfying aspects of the literature review is the contribution it makes to the new knowledge of the researches.

**(Basavanthappa B.T)**

Researcher almost never conducts a study in an intellectual vacuum. Their studies are under taken within the context of an existing knowledge base. Researcher generally undertakes the literature review to familiarize himself / herself with the knowledge base. **(Polit and Hungler 1991)**

The review of literature in the research report is a summary of current knowledge about a particular practice problem and includes what is known and not known about the problem. The literature is reviewed to summarize knowledge for use in practice or to provide a basis for conducting a study. **(Burns, 1997)**

The literature reviewed for present study has been organized and presented under the following sections.

**Section - A Studies related to anger among adolescents**

**Section - B Studies related to thought field therapy on anger among Adolescents.**

**Section - C Studies related to thought field therapy on other conditions.**

**Section – D Studies related to other interventions on anger.**

### **Section- A Studies related to anger among adolescents**

**Jones and Peacocks (2013)** conducted a study to determine the level of anger and the expression of anger by administering a questionnaire to 85 predominantly Caucasian adolescents, 36 females and 49 males, 11-16 years of age, in urban south east united states, The results of study revealed the causes of anger were limited to interpersonal interactions and that the majority of the subjects indicated siblings caused most of their anger. Siblings, mothers and friends were identified by adolescents as individuals with whom anger can be expressed easily. Discussions of feelings with another person, exercise, verbal expression, etc were identified as acceptable coping mechanisms for anger. Males reported increased use of physically aggressive responses to anger, whereas females more frequently responded non violently by crying.

**Connolly & Oas (2012)** conducted a study to investigate the variables that influenced the expression of anger among 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade adolescents in rural Pennsylvania. Results revealed that students (22.9%) with lower average grades were observed to report higher levels of reactive anger, instrumental anger, anger control than those students (70.3%) indicating higher average grades; 43.2% of students who reported negative friend's behaviour had a significantly less reactive anger, instrumental anger and total anger along with significantly more anger control.

**Schoninger (2011)** conducted a study to examine sex differences in anger and in early adolescents of sample size 148, 7<sup>th</sup> and 8<sup>th</sup> graders in Kangra District of Himachal Pradesh. State Trait Anger Expression Inventory and instruments measuring three health variables were used. Findings indicated that boys and girls did not differ in the experience and expression of anger. Pearson correlations were used to examine the relationships between the anger variables and the health variables for boys and

girls separately. Of the 30 relationships examined, 12 were statistically significant; 7 of these correlations were for girls, while 5 were for boys with which the researcher concluded that early adolescent boys and girls may not differ in any way in self-reported experiences and expression of anger.

**Pignotti (2010)** conducted a study to examine adolescent anger to determine if adolescent anger changed over time and if there were gender differences in Canada. In a cohort, adolescents were measured twice, once during the first year and again in the senior year of high school using Anger Index. The findings indicated that anger score appeared to be stable over time for both boys and girls, and there were gender differences on individual responses for several times indicating that certain dimensions of anger may differ from over time by gender.

**Steinberg (2009)** conducted a study to assess the anger and aggression among Filipino students to describe the extent of anger and aggression in a sample of secondary school students in the southern Philippines. A total of 650 students in both public and private schools completed a self-report survey of level of anger and aggression. Results indicated that their overall levels of aggression and anger were average. Students in private schools had higher overall aggression and anger compared to students in public schools and Self-reported anger and aggression were significantly higher among older students.

**Sakai et al., (2008)** conducted a meta-analytic study to identify predictors for anger in adolescents and to determine the magnitude of the relationship between each predictor and anger in Hong Kong. Twelve prominent predictors for anger were identified in the 88 studies, each predictors related to anger was subjected to a meta-analysis. The results were five predictors (trait anger, anxiety, depression, stress, and exposure to violence) had moderate to substantial average effect sizes, four predictors



(victim of violence, hostility, self-esteem, and social gender) had low to moderate effect sizes, and three predictors (age, race/ethnicity, and gender) had trivial effect sizes and it was concluded that the findings are interpreted for nine predictors in relation to anger.

**Yancey (2008)** conducted a longitudinal study to examine the moderating effect of impulsivity on the relation between anger and adolescent problem behaviour (substance use and delinquency). High levels of anger were associated with delinquency for impulsive, but not for non-impulsive adolescents in cross-sectional analyses. This moderating effect was not supported for substance use. Gender-moderated links between temperament and problem behaviour showed that anger predicted substance use for females only, and impulsivity was more strongly associated with delinquency for males. In prospective analyses, both anger and impulsivity predicted adolescent problem behaviour, but impulsivity did not moderate the effects of anger.

**Upshaw (2007)** conducted a study to explore the potential influence of growth, body/composition, and sexual maturity on the relation of anger expression and blood pressure in adolescents. Baseline data from project Heartbeat for 82 boys and 85 girls, 14 years of age were examined the ability of anger expression by using State Trait Anger Expression Inventory to predict blood pressure, after controlling for the effects of ethnicity, height, weight, percentage body fat, and sexual maturity. Blood pressures were unrelated to anger expression in models that included the above developmental variables. However, girls scoring high on healthy anger expression had significantly lower levels of percentage body fat ( $P = 0.015$ ) independent of the above factors. The literature suggests that body fat or body mass is often, though not unanimously, associated with unhealthy forms of anger expression in adolescents.

**Wolpe (2006)** conducted a study to assess the gender differences in: predictors for suicidal ideation, and the varying association between suicidal ideation and anger among adolescents. The target population for this cross-sectional, correlational study was adolescents aged 13 to 15 years living in South Korea. A total of 258 adolescents include both sexes were completed the multidimensional anger inventory and suicidal ideation questionnaire. Data were analyzed by descriptive statistics, multiple linear, and regression analysis. Girls reported significantly higher scores in both anger and suicidal ideation. While anger was a significant predictors of suicidal ideation in girls.

**Trubo (2005)** conducted a study to assess the after- effects of regulating anger and anger related emotions on self-report ratings and behaviour: divergent consequences for men and women to report frequency of anger in everyday life, comparatively little is known about the psychological consequences of regulating this emotion. Male and female participants were exposed to a short anger arousing film clip under one of three conditions: expression, suppression and substitution. Analysis of participants' emotional state following the period of emotion regulation showed that, a state of suppression led to an increase in females' self reports of anger and related affective states. Analysis of participants' expressive behaviour following the period of anger regulation also showed an increase in expressions of outrage and disgust by female suppressors.

#### **Section - B Studies related to thought field therapy on anger among adolescents.**

**Zahra Eftekhar Saadi et al., (2012)** conducted a study to evaluate the effect of thought field therapy on reducing anger and aggression in second year high school female students of Ahwaz. This is an experimental study with pre-test- posttest control group design. The study population is all second year high school students of Ahwaz. The study was carried out on 60 students of the study population, who were

selected by multi-stage randomized sampling method and were divided into the two groups of experiment and study. Before carrying out the experimental intervention the two groups were given the pre-test using, anger and aggression questionnaire. Then, the students of the experiment group attended ten 90-minutes thought field therapy. One week after the intervention, the two groups were post-tested using AAGQ. The data were analyzed using MANCOVA method. Results of the study indicate that thought field therapy will lead to reduced anger and aggression and increased individual social adaptability of female students, compared with the control group.

**Ferda Aysan (2011)** conducted a study to examine the effect of thought field therapy on anger and communication skills of adolescents. The research has been conducted on 60 students (15-16 years old). The data were collected through the use of, The State-Trait Anger Expression Inventory (STAXI) and, The Communication Skills Inventory. An experimental model with pre-test and post-test control group was used in the study. For the purpose of data analysis, one-way analysis of variance (Anova) for repeated measures was used. In this study, a statistically significant decrease was found in trait anger, anger-in and anger-out levels and significant increase was found in anger control level and communication skills after the Thought field therapy. It was also found out that there was a significant increase in the use of communication skills of the placebo group in which encounter group was practiced.

**Maryam Ghorbani Nohoujia (2009)** conducted a study to determine the effectiveness of thought field therapy on reducing anger in adolescents living in a juvenile institution. In this study, 15 participants as the experimental group and 15 participants as the control group were investigated in a quasi-experimental method. Data were collected by using the tool consisted of two parts: Demographic data, Adolescents anger rating Scale by self-reporting. For data analysis, Analysis of

covariance and analysis of variance with repeated measures was used. Results showed that the intervention has led to a significant decrease in anger. The changes in the two-month follow-up showed no lasting effects. Based on the findings of the study, thought field therapy could be proposed as a strategy for reducing anger.

**Salar Dousti (2007)** conducted a study aimed at investigating the effects of thought field therapy on reduction of anger and aggression. The sample population of the study included all junior male students of Sahneh city, Iran. Totally, 196 students were selected by simple random sampling, administrated the anger and aggression questionnaire and 45 students getting a high score of anger and aggression were selected. Afterwards, they were randomly placed into experimental groups and control group. The experimental group received thought field therapy for six sessions. Finally, the post-test was administrated to both groups. The results of pre- and post-tests were evaluated by “analysis of covariance method”. The study results revealed that thought field therapy decrease the students’ anger and aggression.

**Gholami et al., (2006)** conducted a study aimed to determine the effect of thought field therapy on anger of male high school students. This is an experimental study on pre and posttest experimental and control groups. The statistical population of this study included all of students of the high schools of Ashkanan selected through cluster sampling. Of the six high schools in Ashkanan, one was randomly selected. Among the school’s first grade classes, two were randomly selected. They were divided into the experimental (30) and control (30) groups randomly. First, the two groups filled out AARS (pretest). Then, the intervention programs were carried out through 10 sessions of thought field therapy, for the experimental group but the control group did not receive any intervention. In the next step, the two groups filled out AARS again as posttest. The data were analyzed using SPSS software. The results

of the analysis showed that thought field therapy is effective on anger of male students. The anger mean scores of the experimental group were significantly reduced as compared to the control group. The use of thought field therapy is effective on reducing anger in male students.

### **Section - C Studies related to thought field therapy on other conditions.**

**Fateme Taghiyar et al., (2014)** conducted a study to assess the effectiveness of thought field therapy in self-efficacy and imitative behaviour of high school students. Study population included all female high school's students in Islamshahr city. Thirty samples were selected by using cluster sampling method. For Measure the research variables general self- efficacy questionnaire was used for providing thought field therapy with nine sessions. Studies the type of semi-educational pre-test post-test with control group. analyzing of covariance were used for analyzing the data. After collecting and analyzing the data from the questionnaire, using software version SPSS the finding indicate that: Providing Thought field therapy is effective in self-efficacy and Imitative behaviour and persistence of girl students.

**Javad Salehi (2013)** conducted a study to determine the effect of thought field therapy on aggression, social adjustment, and mental health of adolescents. The research is a pretest-posttest control group experimental study. The sample of the study was a group of 40 students, who had high aggression scores. The sample, was randomly divided and assigned to an experimental and a control group. The experimental group received the thought field therapy in eight sessions, two sessions a week, each session 90 minutes. During this period, the control group received no intervention. Pretest and posttest measures were acquired in aggression, social adjustment, and mental health for both groups. Results showed significant differences between two groups in all measures. Compared with the control group, experimental

group's aggression was decreased and their social skills, social adjustment, and mental health were improved.

**Hojatallah Tahmasebian (2013)** conducted a study to evaluate the effectiveness of thought field therapy on mental health of adolescents in Kermanshah University, Iran. Sampling method that is sorted by random was 57 cases male and female adolescents who wish to participate in the study and randomly assigned to two groups: a group of 29 people and 28 people have taken advantage of the most reliable measures of health. Both groups were pre-tested. Then the thought field therapy was administered. After the intervention, both groups of subjects were reassessed. Findings were analyzed by software and the associated two-sample T test and analysis of variance. The results obtained from statistical analysis showed that thought field therapy to enhance the mental health of adolescents have the significant difference between the experimental group and control group. So the thought field therapy such Promotion of mental health appears to be necessary and useful.

**Dawson Church (2010)** conducted a study to measure the effectiveness of thought field therapy for depression in college students. Two hundred thirty eight students were assessed using the Beck Depression Inventory. Those with clinical levels of depression were randomly assigned to either a treatment or control group. The experimental group received eight 30 minute group sessions of thought field therapy. The control group received no treatment. Posttests were conducted three weeks later. In the control group, the passage of time produced no significant improvement. Experimental group subjects improved significantly, with mean scores going from the moderate/severe depression range to the non depressed range. These results indicate the clinical usefulness of thought field therapy as a brief but efficacious treatment for depression.

**Shirin Valizadeh (2010)** Conducted a study to investigate the Effectiveness of group thought field therapy on reducing anger and aggression of mothers with ADHD children's in Tehran. The research method was quasi experimental with pre-test and post-test design with a control group. The sample was 40 mothers children's with ADHD that randomly selected from population. They were placed randomly to experimental group and control group. Experimental group received 10 sessions of thought field therapy, while control group didn't receive any intervention. The results showed that experimental group had significantly decreased in anger and aggression level after intervention than control group. Results of the study indicated that thought field therapy in decreasing anger and aggression level of mothers with ADHD children's is effective.

**Dennies (2010)** conducted a study to assess the effects of thought field therapy for self-reported symptoms of stress in school-age children. The study used a pre-test/post-test, control group, quasi-experimental design, with a convenience sample of two 6<sup>th</sup> grade classrooms. Students in both classrooms were pre and post-tested utilizing the School Situation Survey a 34-item self-report measure of school stressors and manifestations of stress. Teachers in both classrooms completed a brief questionnaire developed by the researcher. Students in the treatment classroom performed the Thought Field Therapy twice daily during the 2 weeks in which the examinations were given. Results improved to support the use of Thought Field Therapy to reduce self-reported symptoms of stress, as identified by the SSS.

**Roger J. Callahan (2007)** conducted a study to assess the impact of Thought Field Therapy on Heart Rate Variability (HRV). HRV has been shown to be a strong predictor of mortality and is adversely affected by such problems as anxiety, depression, and trauma. Twenty cases, treated by the author and other therapists with

TFT, are presented. The cases include some with diagnosed heart problems and very low HRV, which is ordinarily more resistant to change. The degree of improvements that are registered on HRV as a result of TFT treatment exceeds reports found in the current literature. There is a close correspondence between improved HRV and client report of reduced degree of upset. HRV may prove to be an appropriate objective measure of psychotherapy efficacy, given the correspondence between client report and HRV outcome.

#### **Section – D Studies related to other interventions on anger.**

**Jeyasutha (2014)** conducted a study to investigate the effectiveness of anger management program among early adolescents conducted at Bharathiar Vidyalayam Higher Secondary School, Thoothukudi. The samples were adolescents between the age group of 12-14 years of both sexes. The adolescents were randomized in to two groups: the experimental group and the control group. The anger levels of the children were assessed by self report using State-Trait anger expression inventory before and after anger management programme. Regarding the level of anger in experimental group, the mean score reduced from 77.97 to 55.57 after the anger management programme. The paired 't' test value was significant at  $p < 0.05$ , which revealed reduction in anger level in post test. There was no significant reduction in anger level in control group at  $p > 0.05$ . The findings of the study revealed that there is a significant reduction in the level of anger among early adolescents after providing anger management.

**Jamilian et al., (2013)** conducted a study to measure the effectiveness of group dialectical behaviour therapy on Expulsive Anger and Impulsive Behaviours. Research method is a semi experimental socio-statistic approach consisting of experimental group and control group. Participants were patients referred to Amir



Kabir Hospital in Arak who suffered from Expulsive Anger and Impulsive Behaviours. Based on stratified random sampling, 16 patients were placed in each group. Research tools included the structured diagnosis interview according to DSM-IV-TR, Barrat impulsivity scale, Distress Tolerance Scale, Difficulties of Emotion Regulation Scale and dialectical behaviour therapy were done for two months. Dialectical behaviour therapy was effective on Expulsive Anger and Impulsive Behaviours. Distress tolerance and emotion regulation components were effective on Expulsive Anger and Impulsive Behaviours.

**Toktam Kazemeini (2013)** conducted a study to compare the effectiveness of Mindfulness Based Therapy with Cognitive-Behavior Group Therapy on reducing anger and aggression while driving. The experimental design was pretest, posttest and follow up with randomized assignment. The sample of the study included 20 male taxi drivers who were selected through accessible sampling and participated voluntarily in the research. Participants were randomly divided into two experimental groups. The first experimental group received MBT and CBGT was conducted in the second experimental group. Both groups were tested three times. The study tools used were Driving Anger Scale and Driving Anger Expression questionnaire. Data were analyzed using SPSS with covariance analysis. The results showed that MBT in comparison to CBGT led to significant reduction in driving anger, aggressive expression of driving anger and significant increase in adaptive/constructive expression of driving anger.

**Zeynep karatas (2009)** conducted a study to investigate whether cognitive behavioural group practices and psychodrama decrease adolescent's anger and aggression. This is a quasi-experimental, pre -posttest study with two experiments and one control group. The Adolescents anger rating scale and Aggression Scale was

administered as a pretest to 9th grade students of Vocational High School in Adana. After the administration and assessment of the scale, 36 students who had the highest anger and aggression levels were selected and were randomly divided into three groups. Cognitive behavioural techniques were applied to the first experimental group in 10 sessions, psychodrama techniques were applied to the second experimental group in 14 sessions. No application has been done to the control group. After the intervention the scale was readministered to 3 groups. Findings were analyzed with ANCOVA and t test for dependent samples. ANCOVA analyses showed that cognitive-behavioural approach was more effective in decreasing total aggression, physical aggression, and anger than psychodrama.

**Donna Sewell (2009)** conducted an experimental study to determine the effects of physical and mental wellbeing on regular physical activity like yoga, exercise linked to reduce the level of anger and stress. Sample size was 50 and duration was 10 days. Random sampling technique was adopted. Result showed that 15 minutes of physical activity had reduced anger and stress. The researcher concluded 60% of anger level was reduced. The results were more pronounced among children who exercised or were involved in yoga than in those who had an additional lesson.

**Bernert & Jenkins (2007)** conducted a study to investigate the effect of including dogs in anger management therapy with five adolescents between the ages of 13 and 16 years. The children involved a dog named Tucker in activities in sessions by teaching him tricks and taking him for walks. When therapy was completed, 3 of the 5 adolescents were interviewed together. Sample size and the limited interview compromised the rigour of the study; as such, the authors indicated qualitative themes could not be identified. Findings noted Tucker appeared to reduced the anger and

generate a calming effect in difficult moments, and his presence provided humour in an otherwise serious situation. As well, they observed that Tucker facilitated rapport building between the therapist and clients, and the children reported they were motivated to stay engaged and involved in the therapeutic work.

**Aghdas Safari (2014)** conducted a study to assess the effectiveness of teaching anger management skills affects anger of first year university female students of Roodehen Islamic Azad University in Iran. The study was carried out on 60 students who were selected by multi-stage randomized sampling method and were divided into the two groups. Before carrying out the experimental intervention, the two groups were given the pre-test using the Adolescents anger rating scale. The students in experimental group attended five 2-hour training sessions of anger management, One week after the intervention, the two groups were post-tested again using the AARS. The data were analyzed using Ancova method t –test and Mann-Whitney U Test. Results of the study indicate that training in anger management, skills will lead to decreased anger of female students, compared with the control group.

**Alberto Amutio et al., (2009)** conducted a study to verify whether the application of a mindfulness-based training program was effective in modifying anger, anxiety, and depression levels in a group of women diagnosed with fibromyalgia. The study is an experimental trial that employed a waiting list control group. Measures were taken at three different times: pretest, posttest, and follow-up. The statistical analyses revealed a significant reduction of anger levels, internal expression of anger, state anxiety, and depression in the experimental group as compared to the control group, as well as a significant increase in internal control of

anger. It can be concluded that the mindfulness-based treatment was effective after 7 weeks. These results were maintained 3 months after the end of the intervention.

## CHAPTER – III

### RESEARCH METHODOLOGY

Research methodology refers to the techniques used to structure a study and to analyze the information in a systematic fashion. Methodology includes the steps, procedure and strategies for gathering and analyzing the data in the research investigation.

. This chapter consists of research approach, research design, variables, setting of the study, population, sample, sample size, sampling technique, criteria for sample selection, development and description of the tool, content validity, reliability of the tool, intervention, pilot study, procedure for data collection, plan for data analysis and protection of human rights.

#### RESEARCH APPROACH

The research approach used in this study was Quantitative research approach

#### RESEARCH DESIGN

The research design used in this study was True experimental pre test post test control group design.

The research design is diagrammatically represented as follows,

<b>Group</b>	<b>Pre test</b>	<b>Intervention</b>	<b>Post test</b>
Experimental group	RO1	X	O2
Control group	RO1	-	O2

**Figure 2: schematic representation of research design**

**Key:**

**R** - Randomization.

**O1** – Pre test level of anger among adolescents in the experimental group

**O2**- Post test level of anger among adolescents in the experimental group

**X** - Thought field therapy

**O1** - Pre test level of anger among adolescents in the control group.

**O2** - Post test level of anger among adolescents in the control group.

**VARIABLES****Independent variable**

The independent variable in this study was Thought field therapy

**Dependent variable**

The dependent variable in this study was Level of anger

**SETTING OF THE STUDY**

The study was conducted in Government Higher Secondary School in sankarapandiyapuram at virudhunagar district. The Government Higher Secondary School, Sankarapandiyapuram which is 51 kms away from Sri. K. Ramachandran Naidu College of Nursing. The total strength of the school was 729. The total number of students in 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> standard was 547. This school was allotted for experimental group.

Government higher secondary school, uppathar was allotted for control group. The school was located at a distance of 76kms from Sri.K.Ramachandran Naidu college of nursing, sankarankovil. Total strength of the school was 1067. The total number of students in 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> standard was 657.

## **POPULATION**

The population of this study was adolescents those who were studying in the school.

## **SAMPLE**

The students who were studying 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> standard in Government Higher Secondary School, Sankarapandiyapuram and Government Higher secondary school, uppthur at virudhunagar District who fulfil the inclusive and exclusive criteria were the samples.

## **SAMPLE SIZE**

The sample size was 60. Out of which 30 sample was randomly assigned to experimental group and 30 to control group.

## **SAMPLING TECHNIQUE**

Systematic Random Sampling technique was used to select the samples. The study was conducted in Government Higher Secondary School, Sankarapandiyapuram. The total strength of the school was 729. The total number of students in 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> standard was 547. Pre test level of anger was assessed by using the Modified Novaco Anger scale by interview method. After conducting pre test the researcher got 451 samples with mild and moderate level of anger. The number of students in the 6<sup>th</sup> std is 72, 7<sup>th</sup> std is 81, 8<sup>th</sup> std is 75, 9<sup>th</sup> std is 76, 10<sup>th</sup> std is 73 and 11<sup>th</sup> std is 74. First sample was selected randomly the next sample was selected by using the formula  $K^{\text{th}} \text{ Number, } K^{\text{th}} = N/n$ . The obtained K value was 15. Every 15<sup>th</sup> samples is allotted as sample. Totally 30 samples were selected for experimental group.

In the same way control group samples were selected from Government Higher Secondary School uppathur. The total strength of Government higher secondary school, uppathur was 1067. The total number of students in 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup>

standard was 657. Pre test level of anger was assessed by using the Modified NOVACO anger scale by interview method. After conducting pre test the researcher got 442 students with mild and moderate level of anger. The number of students in the 6<sup>th</sup> std is 110, 7<sup>th</sup> std is 103, 8<sup>th</sup> std is 112, 9<sup>th</sup> std is 103, 10<sup>th</sup> std is 112 and 11<sup>th</sup> std is 117. First sample was selected by randomly the next sample was selected by using the formula  $K^{\text{th}} \text{ Number}, K^{\text{th}} = N/n$ . The obtained K value was 14. Every 14<sup>th</sup> samples is allotted as sample. Totally 30 samples were selected for control group.

### **CRITERIA FOR SAMPLE SELECTION**

The samples were selected based on the following criteria:

#### **INCLUSION CRITERIA**

- The adolescents between the age group of 11-16 years
- The adolescents who were studying from 6<sup>th</sup> to 11<sup>th</sup> standard
- The adolescents who were willing to participate in the study
- The adolescents who were having mild and moderate level of anger.
- The adolescents of both sex.

#### **EXCLUSION CRITERIA**

- The adolescents with mild & severe level of anger.
- The adolescents who were having physical injury in their hands and fingers and skin infections.
- Adolescents those who were already practicing this type of therapy.
- Adolescent with behaviour disorder, conduct disorder and associated mental illness.

### **DEVELOPMENT AND DESCRIPTION OF THE TOOL**



The tool consist of two sections

Section- A: Demographic Variables

Section -B: Modified Novaco Anger Scale

### **SECTION- A: DEMOGRAPHIC VARIABLES**

Section A deals with demographic variables such as age, sex, education, education of parents, occupation of parents, family monthly income, religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living.

### **SECTION- B: MODIFIED NOVACO ANGER SCALE**

Section B consists of Modified NOVACO Anger Scale to assess the level of anger. It has 25 items. It is a 5 point scale.

### **SCORING PROCEDURE**

Section- B consists of Modified NOVACO Anger scale to assess the level of anger which contains 25 items. It is a 5 point scale Each item was scored as 0 for no annoyance, 1 irritable, 2 moderately upset, 3 quite angry, 4 for very angry. The total score is 100.

The score was represented as follows:

<b>SCORE</b>	<b>INTERPRETATION</b>
0 – 45	No anger
46 – 75	Mild anger
76 – 85	Moderate anger
86 – 100	Severe anger

### **INTERVENTION**

#### **THOUGHT FIELD THERAPY**

Thought field therapy is a new age psychotherapy. It is a traditional medicine. It was developed in 1981 by Dr. Roger a cognitive psychologist. It is a exercise use the fingers and tapping the meridian points includes under eye, under arm, collarbone and gamut spot. It can be done 30 minutes a day for 5 days in a week from Monday to Friday, morning 8.30am- 9.00am for 4 weeks.

### **STEPS OF INTERVENTION**

- ❖ The researcher established rapport with the adolescents.
- ❖ The participants in the experimental group were made to sit in 6 members at 5 rows with 2 feet distance.
- ❖ The researcher told the adolescents to close their eyes and take deep breath for 3 minutes.

The researcher guided the adolescents to do following steps.

#### **UNDER EYE**

Instruct the adolescents to tap slowly under the eyes for 5 times (under the pupil just below the rim of the bone - inside of the index finger is used).

#### **UNDER ARM**

Instruct the adolescents to tap slowly under the arm for 5 times (about 4 inches down from the arm pit - inside of the index finger is used).

#### **COLLARBONE**

Instruct the adolescents to tap slowly the collar bone for 5 times (1 inch down from the v of the neck and 1inch over to right side - inside of the index finger is used).

#### **GAMUT SPOT**

Instruct the adolescents to note the gamut spot and tap gamut spot five times, perform each activity with 5 taps (on the back of the hand in the indentation between

the bones of the tiny finger and the ring finger about half inch back onto the hand-  
inside of the index finger is used).

Tap with eyes open

Tap with eyes closed

Tap with eyes down and do one side

Tap with eyes down and do the opposite side

Tap and roll the eyes in a circle in one direction

Tap and roll the eyes in a circle in opposite direction

Tap and hum a tune (count 1 to 5) with mouth closed

Tap and hum a tune (count 1 to 5) with mouth opened

Again tap and hum a tune (count 1 to 5) with mouth closed.

After finish these whole steps again repeat for 15 times the same steps, do this  
for 30 minutes per day.

Finally the researcher told the adolescents to drink water and get relaxation for  
2 minutes to close the session. Totally each session was conducted for 30 minutes.

### **CONTENT VALIDITY**

The content of the tool was validated by 4 nursing experts and 1 medical  
expert in the field of psychiatry. The suggestions given by the experts were  
incorporated in the final tool after consultation with the research guide.

### **RELIABILITY**

The researcher tested the reliability of the tool by test retest method by using Karl Pearson's correlation coefficient formula. The reliability obtained was  $r = 0.89$ . The reliability of the tool obtained was found to be feasible to conduct the study

### **PILOT STUDY**

Pilot study is a rehearsal of the main study. Pilot study was conducted after obtaining formal permission from the Principal, research and ethical committee of Sri. K. Ramachandran Naidu College of nursing and from the Headmaster of the Government Higher Secondary School sundararajapuram. The pilot study was conducted in Government Higher Secondary School Sundararajapuram from 23.2.15 to 28.2.15. The school was located at a distance of 24kms from Sri. K. Ramachandran naidu college of nursing, Sankarankovil.

Systematic random sampling technique was used to select the samples. The total strength of the school was 1748. The total number of students in 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> standard was 938.

The investigator introduced herself to the students and established rapport with the adolescents and explained about the study and get informed consent. pre test level of anger was assessed by using the Modified NOVACO anger scale by interview method. Based on the pre test scores and inclusive criteria researcher got 279 students with mild and moderate level of anger. The total number of sample was 6, first sample was selected randomly the next sample was selected by using the formula  $K^{\text{th}}$  Number,  $K^{\text{th}} = N/n$ . The obtained K value was 45. Every 45<sup>th</sup> student is allotted as sample Out of the 6 samples 3 of them were allotted to experimental group and 3 of them were allotted to control group. Thought field therapy were given for 30 minutes for 5 days in the morning from 8.30am- 9.00am only to the experimental group. At the end of the intervention post test level of anger was assessed with Midified Novaco

anger scale and scored for both the groups and the result of the study was assessed for its effectiveness.

The pilot study revealed that there was a highly significant difference between the post test level of anger among experimental and control group of adolescents at  $P < 0.05$  level.

The result of the pilot study showed that the study was feasible and practicable to conduct the main study. There was no modification made in the tool after the pilot study.

### **PROCEDURE FOR DATA COLLECTION**

Formal permission was obtained from the Principal, research and ethical committee of Sri.K.Ramachandran Naidu College of Nursing, Sankarankovil and from the Headmaster of the Government Higher Secondary School, Sankarapandiya Puram, Government Higher Secondary School, uppathur respectively. The study was conducted from 02.3.2015 to 31.03.2015.

The investigator introduced herself to the students and established rapport with the students and explained about the study. The participants were assured that no physical or emotional harm would be done to them during the course of the study. The investigator obtained an informed consent from each sample.

### **STEP - 1**

Government Higher Secondary School, Sankarapandiyapuram was allotted for experimental group. The school was located at a distance of 51kms from Sri.K.Ramachandran Naidu College of Nursing, Sankarankovil. Systematic random sampling technique was used to select the samples. Total strength of the school was

729. The total number of students in 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> standard was 547

Pre test level of anger was assessed by using the Modified NOVACO Anger scale by interview method. After excluding the students according to the pre test scores and inclusive criteria and exclusive criteria the number of students were 451 with mild and moderate level of anger. First sample was selected randomly the next sample was selected by using the formula  $K^{\text{th}}$  Number,  $K^{\text{th}}=N/n$ . The obtained K value was 15. Every 15<sup>th</sup> student is allotted as sample. Thirty samples were allotted for experimental group.

## **STEP - 2**

Government Higher Secondary School, uppathur was allotted for control group. The school was located at a distance of 76kms from Sri.K.Ramachandran Naidu College of Nursing, Sankarankovil. Systematic random sampling technique was used to select the samples. Total strength of the school was 1067. The total number of students in 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> standard was 657.

Pre test level of anger was assessed by using the Modified NOVACO Anger scale by interview method. After excluding the students according to the pre test scores and inclusive criteria and exclusive criteria the number of students was 442 with mild and moderate level of anger. First sample was selected randomly the next sample was selected by using the formula  $K^{\text{th}}$  Number,  $K^{\text{th}}=N/n$ , The obtained K value was 14. Every 14<sup>th</sup> student is allotted as sample. Thirty samples were allotted for control group.

Thought Field Therapy was given 30 minutes a day for 5 days a week for 4 weeks, only to the experimental group. No intervention was given to the control group.

At the end of the intervention post test level of anger was assessed with modified NOVACO Anger scale for both the groups and scored for both groups. The data collected was analyzed.

### **PLAN FOR DATA ANALYSIS**

Both descriptive and inferential statistics were used for data analysis.

#### **Descriptive Statistics**

- ♣ Frequency and percentage distribution was used to assess the demographic variables.
- ♣ Frequency and percentage distribution was used to assess the level of anger among adolescents.
- ♣ Mean and standard deviation was used to assess the level of anger among the adolescents.

#### **Inferential Statistics**

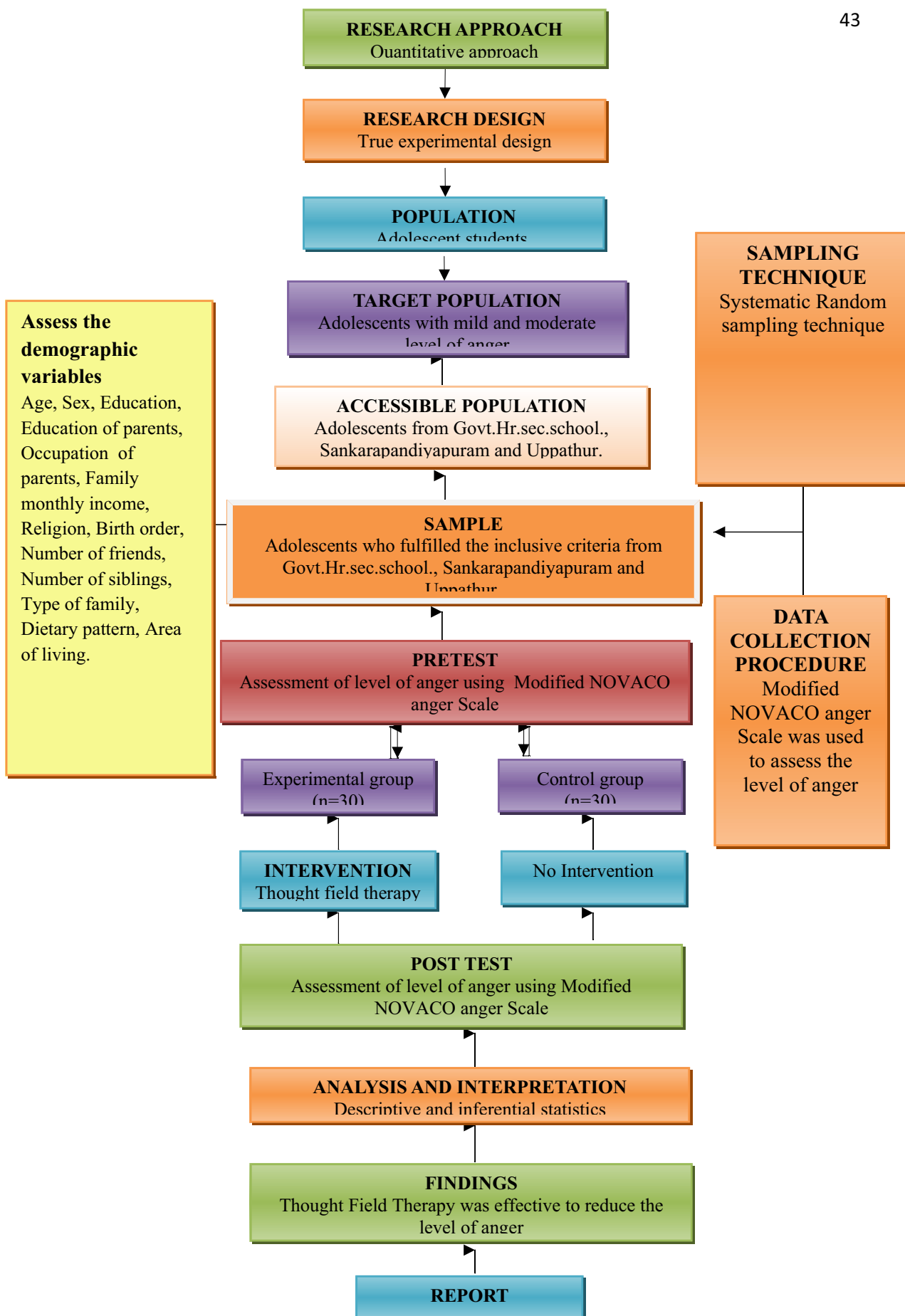
- ♣ Unpaired 't' test was used to compare the post test level of anger of experimental and control group of adolescents.
- ♣ Paired 't' test was used to compare the pre and post test level of anger of the experimental and control group of adolescents.
- ♣ Chi-square test was used to find out the association between the post test level of anger of adolescents in the experimental and control group with their selected demographic variables.

### **PROTECTION OF HUMAN RIGHTS**

Ethical clearance was given by the Principal, Research and ethical committee of Sri.K.Ramachandran Naidu College of Nursing and got formal permission from the Headmaster of Government Higher Secondary School, Sankarapandiyapuram and

Government Higher Secondary School, uppathur. Informed consent was obtained from each study participants. The participants were informed that the responses provided by them will be kept confidential. The participants were assured that there will not be any harm caused to them during the course of the study.





**Figure 3: Schematic representation of research methodology**

## **CHAPTER IV**

### **DATA ANALYSIS AND INTERPRETATION**

This chapter deals with the analysis and interpretation of data related to assessing the effectiveness of thought field therapy on level of anger among adolescents in selected schools at Virudhunagar.

Descriptive and inferential statistics were used for analyzing the data on the basis of the objectives of the study.

The data has been tabulated and organized as follows.

#### **ORGANIZATION OF DATA**

##### **Section A: Description of demographic variables of the adolescents in experimental and control group.**

- ❖ Frequency and percentage distribution of demographic variables of the adolescents with respect to age, sex, education, education of parents, occupation of parents, family monthly income , religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living in experimental and control group.

##### **Section B: Assessment of the level of anger in experimental and control group of adolescents.**

- ❖ Frequency and percentage distribution of pre test level of anger in experimental and control group of adolescents.
- ❖ Frequency and percentage distribution of post test level of anger in experimental and control group of adolescents.

**Section C: Comparison of the effects of thought field therapy on the level of anger among the experimental and control group of adolescents.**

- ❖ Mean and standard deviation of the pre test level of anger among experimental group and control group of adolescents.
- ❖ Mean and standard deviation of the post test level of anger among experimental group and control group of adolescents.
- ❖ Mean and standard deviation of pre and post test level of anger among experimental group of adolescents.

**Section D: Association between the post test level of anger among the adolescents in experimental group and control group with their selected demographic variables.**

- ❖ Association between the post test level of anger among adolescents in experimental group with their selected demographic variables such as age, sex, education, education of parents, occupation of parents, family monthly income, religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living.
- ❖ Association between the post test level of anger among adolescents in control group with their selected demographic variables such as age, sex, education, education of parents, occupation of parents, family monthly income, religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living.

**SECTION A: DESCRIPTION OF DEMOGRAPHIC VARIABLES OF THE ADOLESCENTS IN EXPERIMENTAL AND CONTROL GROUP.**

**Table :- 1 Frequency and percentage distribution of demographic variables of the adolescents with respect to age, sex, education, education of parents, occupation of parents, monthly income of family, religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living in experimental and control group.**

**(N=60)**

SI. No	Demographic variables	Experimental Group		Control Group	
		f	%	f	%
<b>1.</b>	<b>Age</b>				
	a) 11 & 12 years	6	20	7	23.33
	b) 13 & 14 years	8	26.67	9	30
	c) 15 & 16 years	16	53.33	14	46.67
<b>2.</b>	<b>Sex</b>				
	a) Male	22	73.33	25	83.33
	b) Female	8	26.67	5	16.67
<b>3.</b>	<b>Education</b>				
	a) 6 <sup>th</sup> std & 7 <sup>th</sup> std	6	20	7	23.33
	b) 8 <sup>th</sup> std & 9 <sup>th</sup> std	8	26.67	9	30
	c) 10 <sup>th</sup> std & 11 <sup>th</sup> std	16	53.33	14	46.67
<b>4.</b>	<b>Education of Parents</b>				
	a) Illiterate	11	36.66	12	40
	b) Only school education	17	56.67	13	43.33
	c) Diploma / degree holder	2	6.67	5	16.67
	d) Professional education	0	0	0	0
<b>5.</b>	<b>Occupation of the Parents</b>				
	a) Unemployed	3	10	5	16.67
	b) Private employee	24	80	22	73.33
	c) Government employee	0	0	0	0
	d) Self employed	3	10	3	10

<b>6.</b>	<b>Family monthly income</b>				
	a) Nil	4	13.33	4	13.33
	b) Upto Rs.5000/-	25	83.34	23	76.67
	c) Rs.5001/- to Rs.10000/-	1	3.33	3	10
	d) Above Rs.10001/-	0	0	0	0
<b>7.</b>	<b>Religion</b>				
	a) Hindu	23	76.67	25	83.33
	b) Christian	7	23.33	5	16.67
	c) Muslim	0	0	0	0
	d) Others	0	0	0	0
<b>8.</b>	<b>Birth order</b>				
	a) First	18	60	14	46.67
	b) Second	8	26.67	10	33.33
	c) Third	4	13.33	6	20
	d) Above third	0	0	0	0
<b>9.</b>	<b>Number of friends</b>				
	a) No	14	46.67	13	43.33
	b) One	9	30	8	26.67
	c) Two	6	20	7	23.33
	d) Above two	1	3.33	2	6.67
<b>10.</b>	<b>Number of Siblings</b>				
	a) No	5	16.67	3	10
	b) One	14	46.66	15	50
	c) Two	11	36.67	12	40
	d) Above two	0	0	0	0
<b>11.</b>	<b>Type of family</b>				
	a) Nuclear family	26	86.67	25	83.33
	b) Joint family	4	13.33	5	16.67
<b>12.</b>	<b>Dietary pattern</b>				
	a) Vegetarian	17	56.67	18	60
	b) Non vegetarian	13	43.33	12	40

<b>13.</b>	<b>Area of living</b>				
	<b>a) Rural</b>	30	100	30	100
	<b>b) Urban</b>	0	0	0	0

Table 1 describes the frequency and percentage distribution of demographic variables of the adolescents with respect to age, sex, education, education of parents, occupation of parents, family monthly income, religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living in experimental and control group.

With regard to age in experimental group, out of 30 samples 6 (20%) of the adolescents belongs to the age between 11 & 12 years, 8 (26.67%) of the adolescents belongs to the age between 13 & 14 years and 16 (53.33%) of the adolescents belongs to the age between 15 & 16 years. Whereas in control group out of 30 samples, 7 (23.33%) of the adolescents belongs to the age between 11 & 12 years, 9 (30%) of the adolescents belongs to the age between 13 & 14 years and 14 (46.67%) of the adolescents belongs to the age between 15 & 16 years.

With respect to sex in experimental group, out of 30 samples 22 (73.33%) of them were males and 8 (26.67%) of them were females. Whereas in the control group out of 30 samples 25 (83.33%) of them were males and 5 (16.67%) of them were females.

With regard to education in experimental group, out of 30 samples 6 (20%) of them were 6<sup>th</sup> & 7<sup>th</sup> std, 8 (26.67%) of them were 8<sup>th</sup> std & 9<sup>th</sup> std and 16 (53.33%) of them were 10<sup>th</sup> std & 11<sup>th</sup> std. Whereas in the control group out of 30 samples 7 (23.33%) of them were 6<sup>th</sup> & 7<sup>th</sup> std, 9 (30%) of them were 8<sup>th</sup> std & 9<sup>th</sup> std and 14 (46.67) of them were 10<sup>th</sup> std & 11<sup>th</sup> std.

With respect to education of parents in experimental group out of 30 samples, 11(36.66%) of the parents were Illiterates, 17 (56.67%) of the parents were having only school education, 2 (6.67%) of the parents were diploma or degree holder and none of the parents were having professional education. Whereas in the control group out of 30 samples, 12 (40%) of the parents were illiterates , 13 (43.33%) of the parents were having only school education, 5 (16.67%) of the parents were diploma or degree holder and none of the parents were having professional education.

With regard to occupation of parents in experimental group out of 30 samples, 3 (10%) of the parents were unemployed, 24 (80%) of the parents were private employees, 3 (10%) of the parents were self employed and none of the parents were government employees . Whereas in the control group out of 30 samples, 5 (16.67%) of the parents were unemployed, 22 (73.33%) of the parents were private employees, 3 (10%) of the parents were self employed and none of the parents were government employees.

With respect to family monthly income in experimental group out of 30 samples 4 (13.33%) of them were having no income, 25 (83.34%) of them were having income upto Rs.5000/-,1 (3.33%) of them were having the income between Rs.5001/- to Rs.10000 and none of them were having the income of above Rs.10001/-. Whereas in the control group out of 30 samples, 4 (13.33%) of them were having no income, 23 (76.67%) of them were having income upto Rs.5000/-, 3 (10%) of them were having income between Rs.5001/- to Rs.10000 and none of them were having the income of above Rs.10001/-.

With regard to religion in experimental group, out of 30 samples 23 (76.67%) of them were Hindus, 7 (23.33%) of them were Christians and none of them were Muslims and others category. Whereas in the control group, out of 30 samples 25

(83.33%) of them were Hindus, 5 (16.67%) of them were Christians and none of them were Muslims and others category.

With respect to birth order in experimental group, out of 30 samples 18 (60%) of them were the first child, 8 (26.67%) of them were the second child, 4 (13.33%) of them were the third child and none of them belongs to the category of above third. Whereas in the control group, out of 30 samples 14 (46.67%) of them were the first child, 10 (33.33%) of them were the second child, 6 (20%) of them were the third child and none of them belongs to the category of above third.

With regard to number of friends in experimental group, out of 30 samples 14 (46.67%) of them were having no friends, 9 (30%) of them were having one friend, 6 (20%) of them were having two friends and 1 (3.33%) of them have above two friends. Whereas in the control group out of 30 samples 13 (43.33%) of them were having no friends, 8 (26.67%) of them were having one friend, 7 (23.33%) of them were having two friends and 2 (6.67%) of them having above two friends.

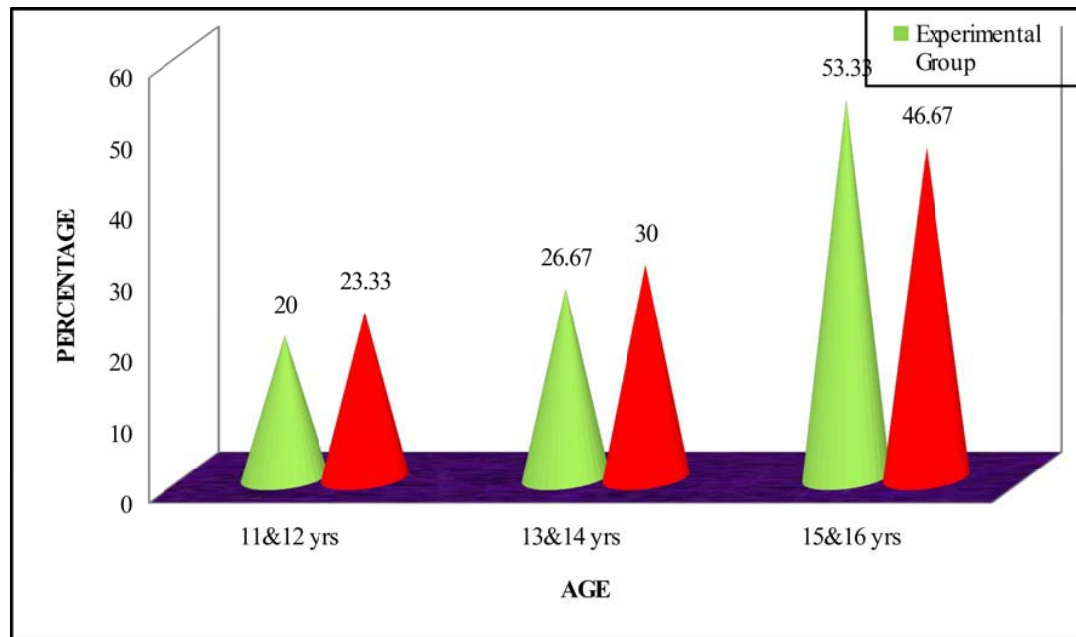
With respect to number of siblings in experimental group, out of 30 samples 5 (16.67%) of them were having no siblings, 14 (46.66%) of them were having one sibling, 11 (36.67%) of them were having two siblings and none of them were having above two siblings. Whereas in the control group, out of 30 samples 3 (10%) of them were having no siblings, 15 (50%) of them were having one sibling, 12 (40%) of them were have two siblings and none of them were having above two siblings.

With regard to type of family in experimental group, out of 30 samples 26 (86.67%) of the adolescents were from nuclear family and 4 (13.33%) of the adolescents were from joint family. Whereas in the control group, out 30 samples 25 (83.33%) of the adolescents were from nuclear family and 5 (16.67%) of the adolescents were from joint family.

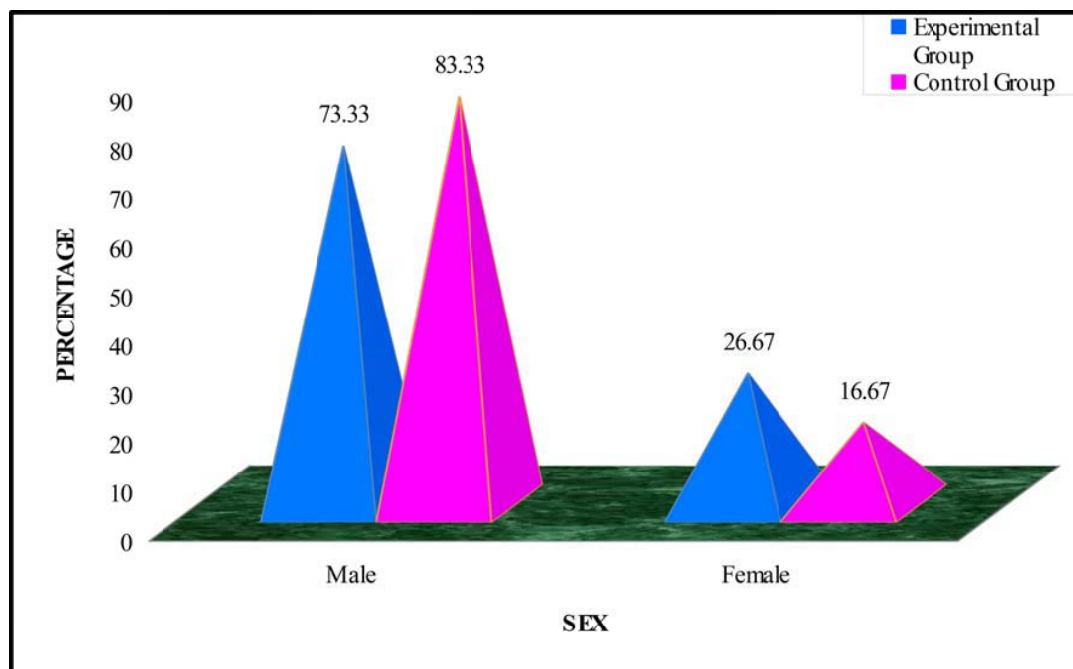


With regard to dietary pattern in experimental group, out of 30 samples 17 (56.67%) of the adolescents were vegetarian and 13 (43.33%) of the adolescents were non vegetarian. Whereas in the control group, out 30 samples 18 (60%) of the adolescents were vegetarian and 12 (40%) of the adolescents were non vegetarian.

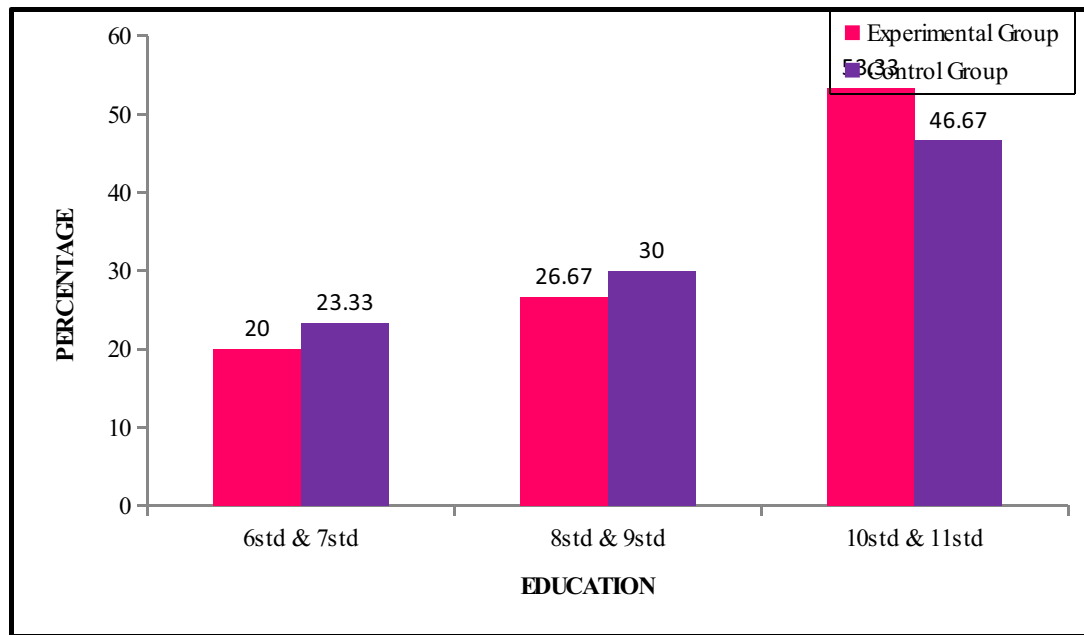
With regard to area of living in experimental group out of 30 samples, all 30 (100%) of them were from rural area and none of them were from urban area. Whereas in the control group out of 30 samples, all 30 (100%) of them were from rural area and none of them were from urban area.



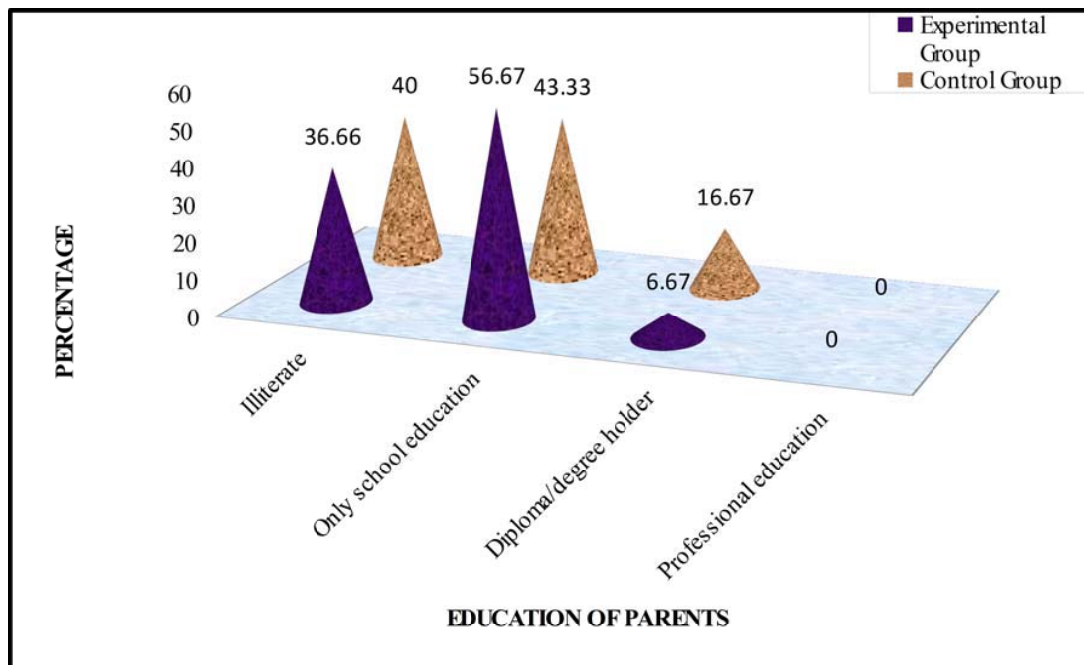
**Figure 4: Percentage distribution of age of adolescents in experimental and control group.**



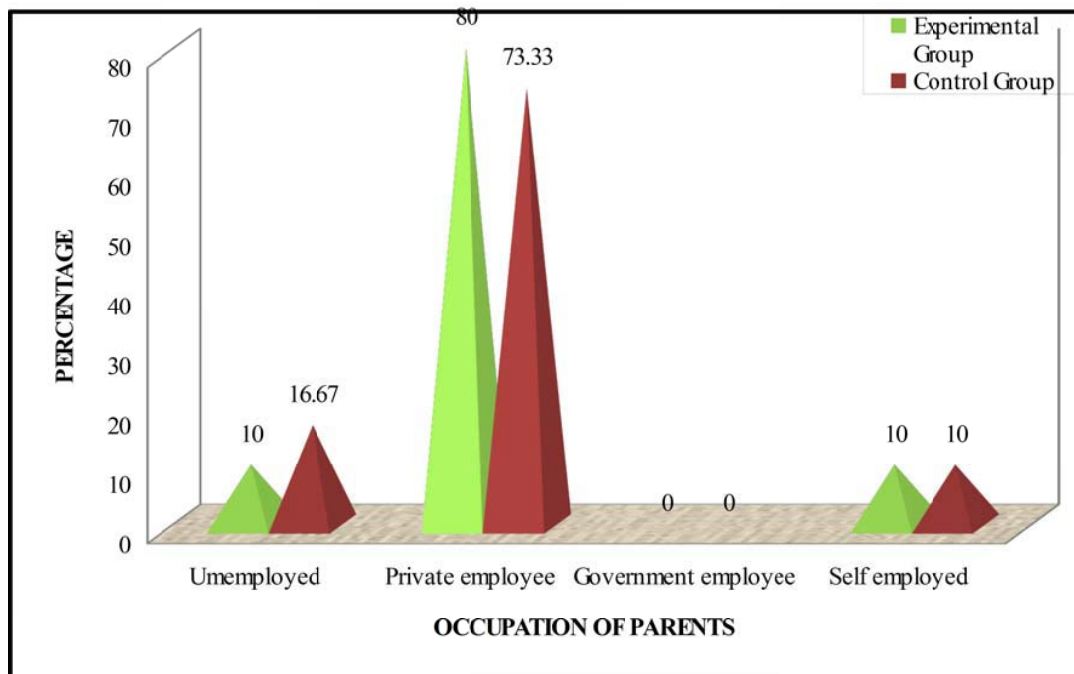
**Figure 5: Percentage distribution of sex of adolescents in experimental and control group.**



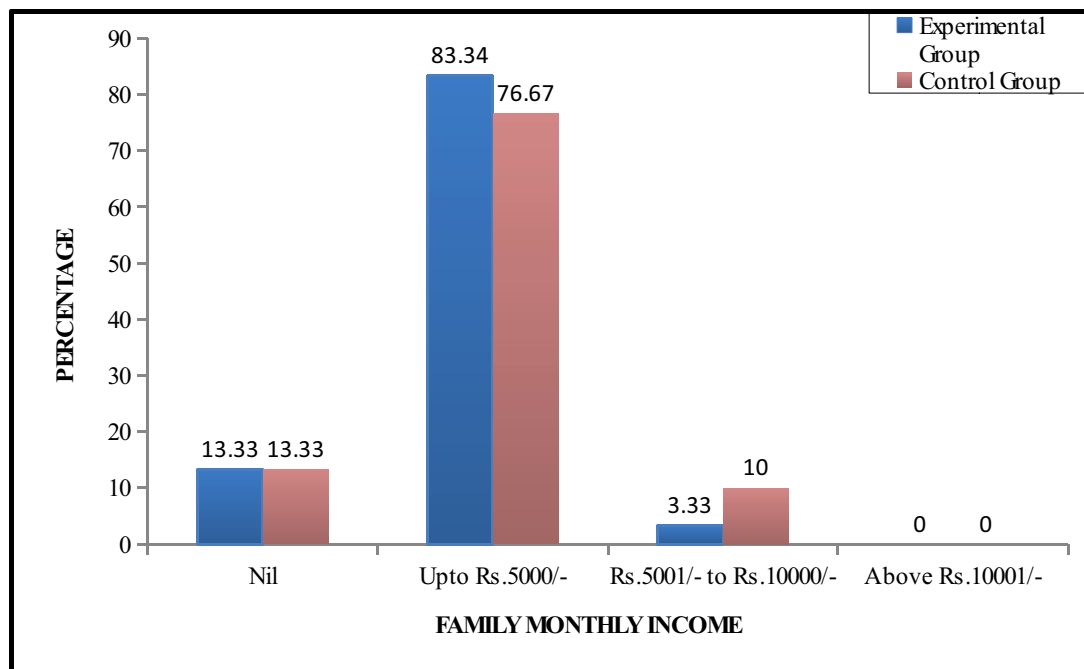
**Figure 6: Percentage distribution of education of adolescents in experimental and control group.**



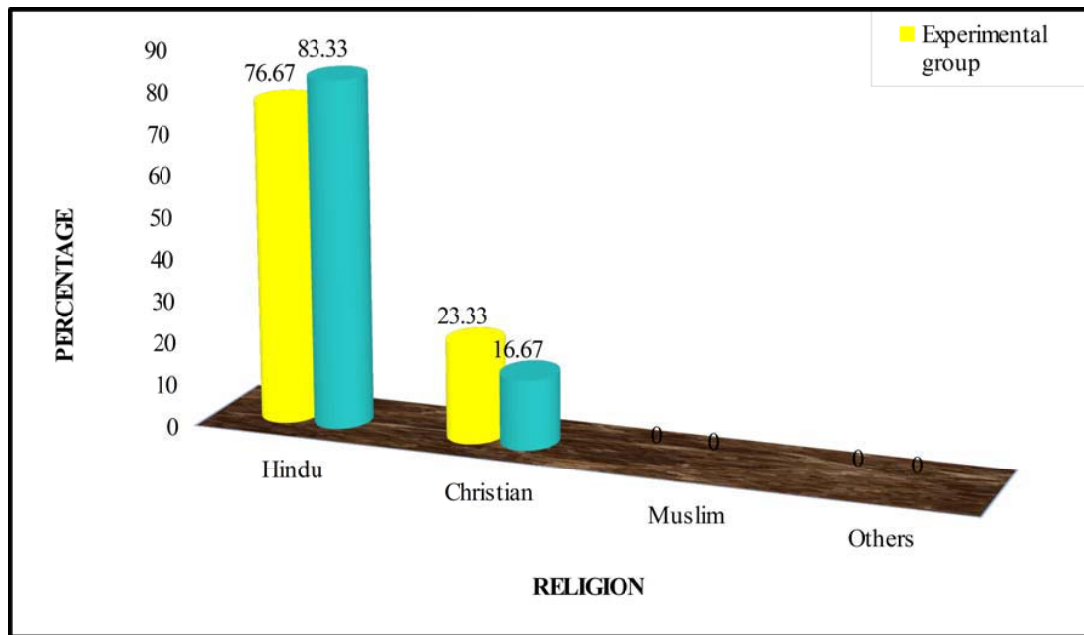
**Figure 7: Percentage distribution of adolescents parent's education in experimental and control group.**



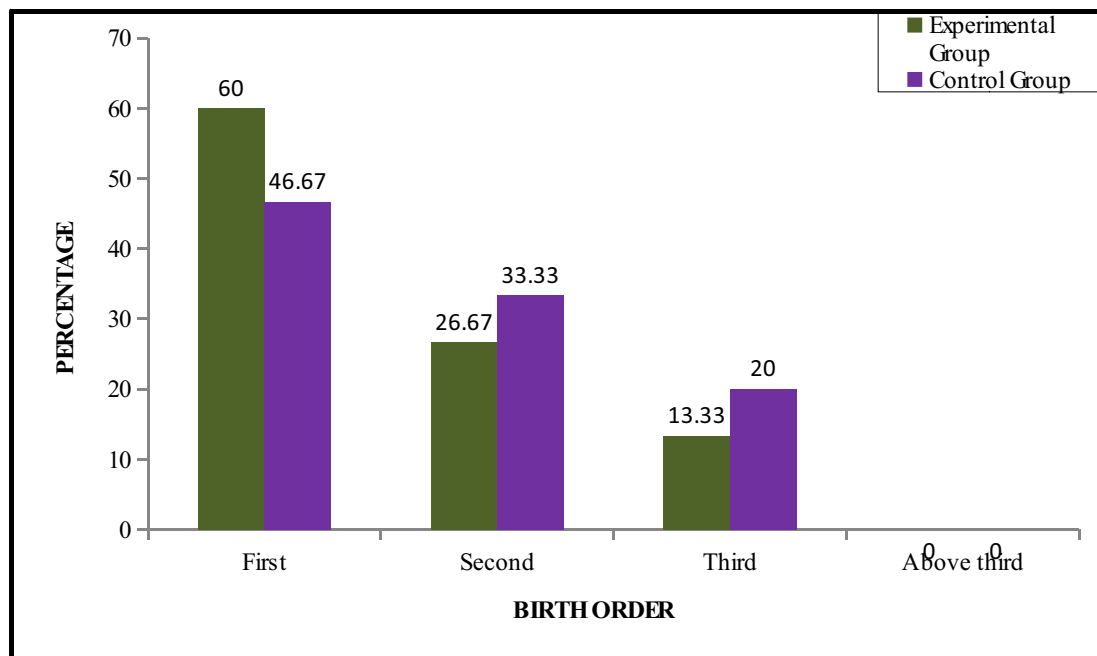
**Figure 8: Percentage distribution of adolescents parent's occupation in experimental and control group.**



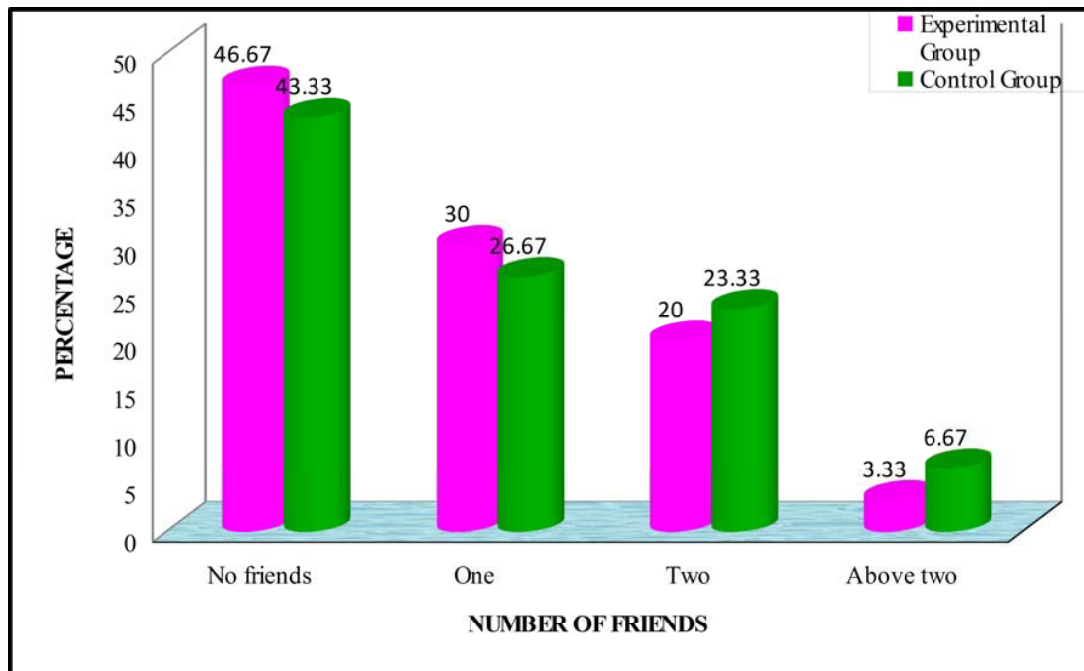
**Figure 9: Percentage distribution of adolescents family monthly income in experimental and control group.**



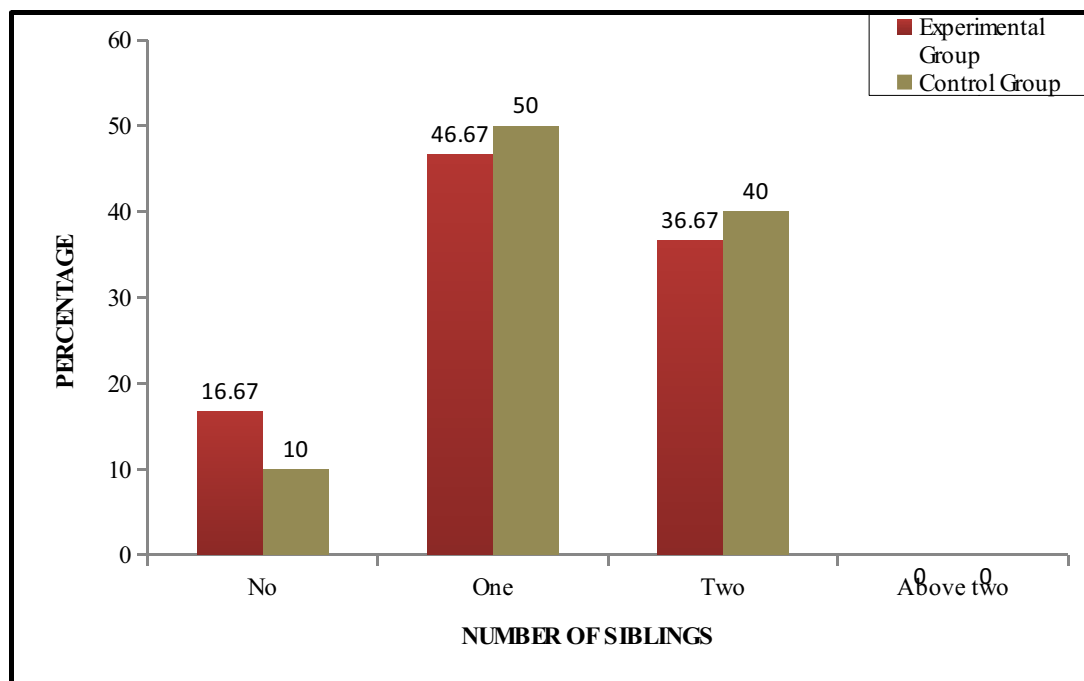
**Figure 10: Percentage distribution of religion of adolescents in experimental and control group.**



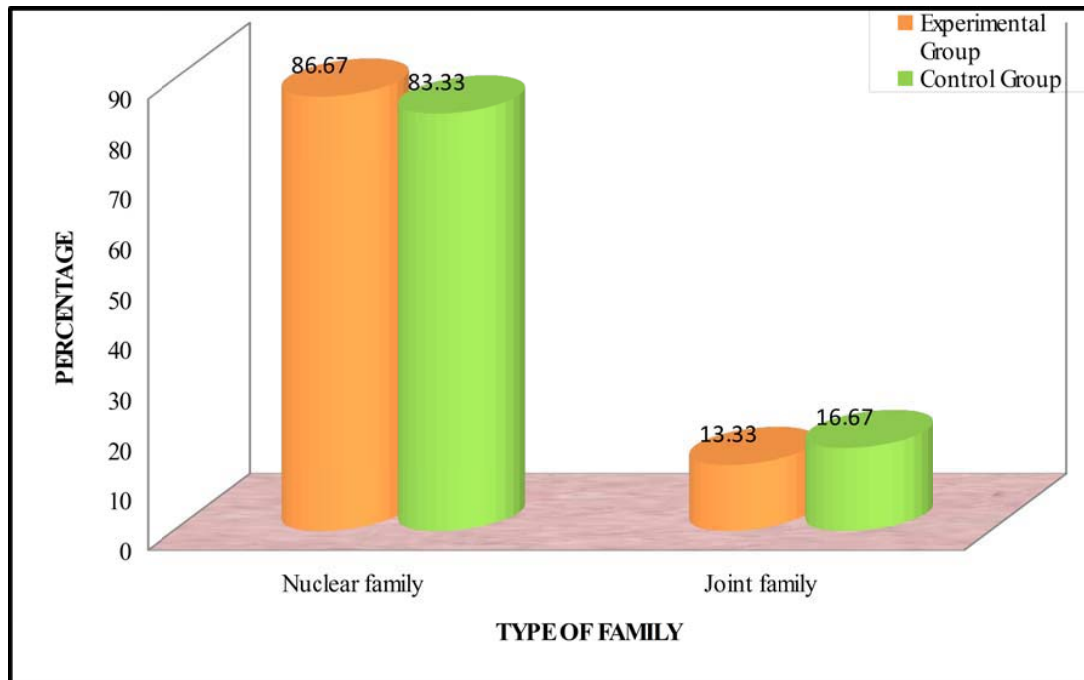
**Figure 11: Percentage distribution of birth order of adolescents in experimental and control group.**



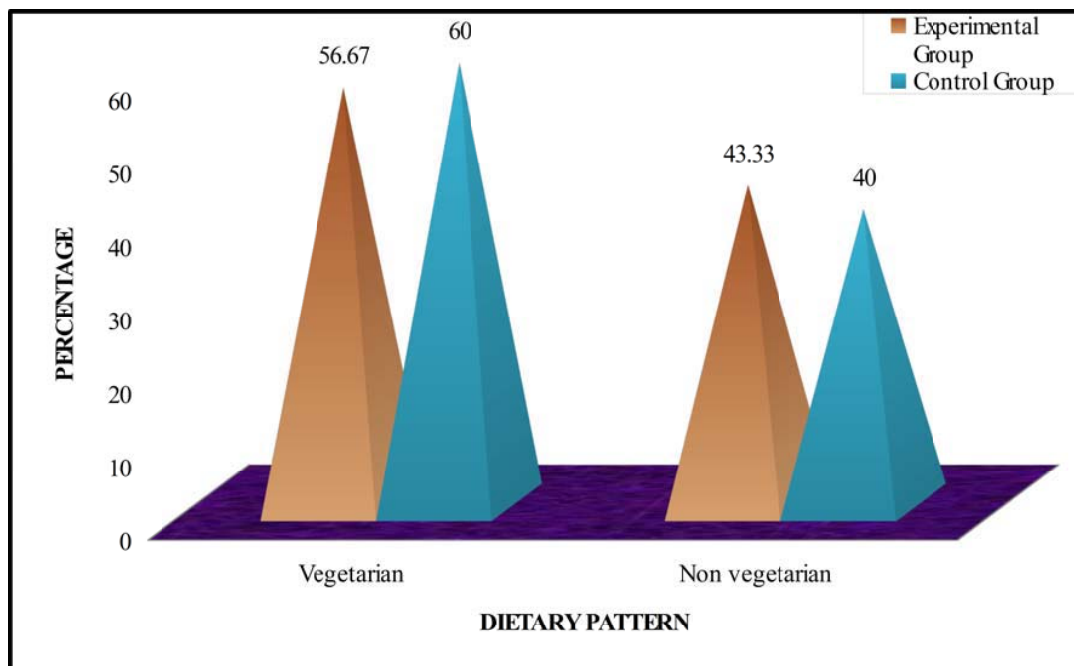
**Figure 12: Percentage distribution of number of friends of adolescents in experimental and control group**



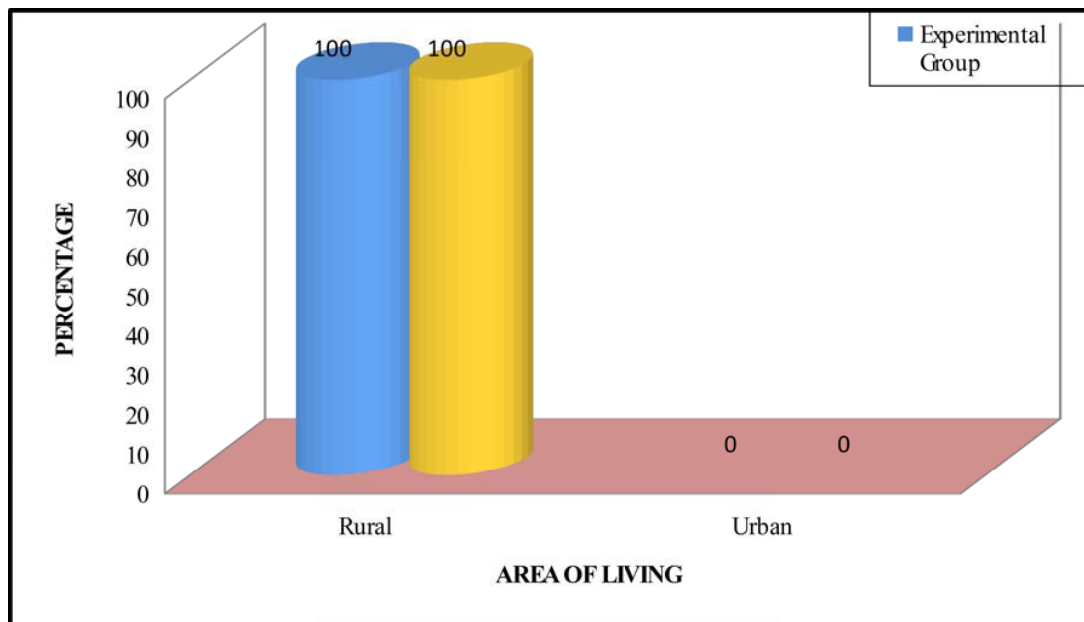
**Figure 13: Percentage distribution of number of siblings of adolescents in experimental and control group.**



**Figure 14: Percentage distribution of type of family of adolescents in experimental and control group.**



**Figure 15: Percentage distribution of dietary pattern of adolescents in experimental and control group.**



**Figure 16 : Percentage distribution of area of living of adolescents in experimental and control group.**



## **SECTION B: ASSESSMENT OF THE LEVEL OF ANGER IN EXPERIMENTAL GROUP AND CONTROL GROUP OF ADOLESCENTS.**

**Table-2: Frequency and percentage distribution of pre test level of anger in experimental and control group of adolescents.**

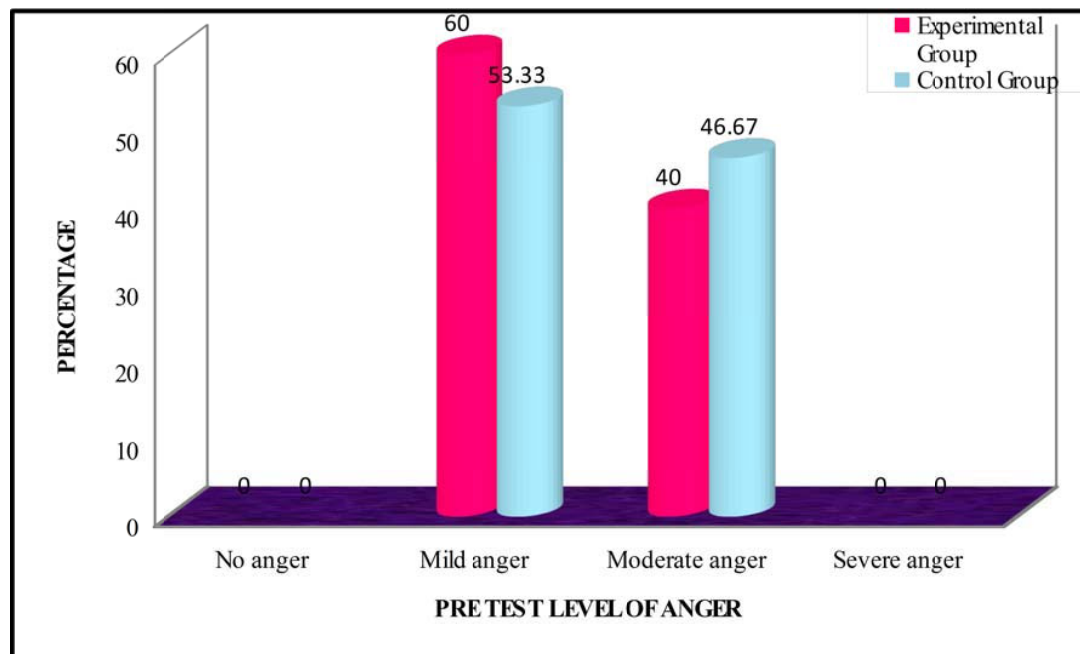
**(N=60)**

S. No	Group	Pre test level of anger							
		No anger		Mild anger		Moderate anger		Severe anger	
		f	%	f	%	f	%	f	%
1.	Experimental Group	-	-	18	60	12	40	-	-
2.	Control Group	-	-	16	53.33	14	46.67	-	-

Table 2 reveals the frequency and percentage distribution of pre test level of anger in experimental group and control group of adolescents.

With regard to the pre test level of anger in experimental group, out of 30 samples, 18 (60%) of them had mild anger, 12 (40%) of them had moderate anger and none of them had no anger and severe anger.

With regard to the pre test level of anger in control group, out of 30 samples, 16 (53.33%) of them had mild anger, 14 (46.67%) of them had moderate anger and none of them had no anger and severe anger.



**Figure 17: Percentage distribution of pre test level of anger in experimental and control group of adolescents.**

**Table-3: Frequency and percentage distribution of post test level of anger in experimental group and control group of adolescents.**

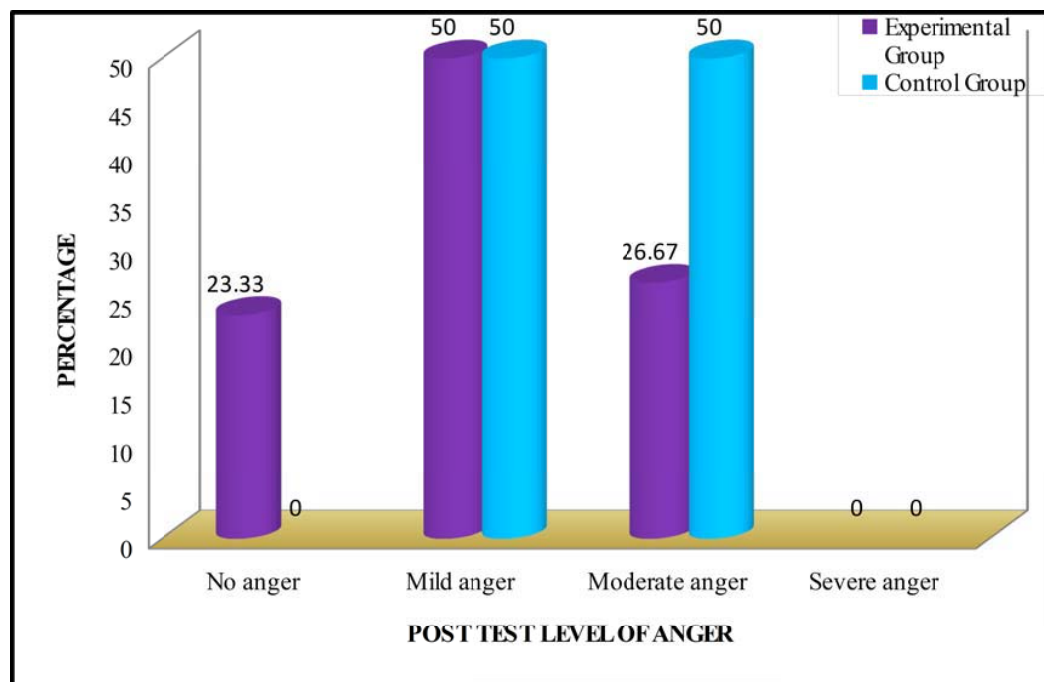
**(N=60)**

S. No	Group	Post test level of anger							
		No anger		Mild anger		Moderate anger		Severe anger	
		f	%	f	%	f	%	f	%
1.	Experimental Group	7	23.33	15	50	8	26.67	-	-
2.	Control Group	-	-	15	50	15	50	-	-

Table 3 reveals the frequency and percentage distribution of post test level of anger in experimental and control group of adolescents.

With regard to the post test level of anger in experimental group, out of 30 samples 7 (23.33%) of them had no anger, 15 (50%) of them had mild anger, 8 (26.67%) of them had moderate anger and none of them had severe anger.

With regard to the post test level of anger in control group, out of 30 samples, 15 (50%) of them had mild anger, 15 (50%) of them had moderate anger and none of them were in the category of no anger and severe anger.



**Figure 18: Percentage distribution of post test level of anger in experimental and control group of adolescents.**

**SECTION C: COMPARISON OF THE EFFECTS OF THOUGHT FIELD THERAPY ON LEVEL OF ANGER AMONG THE EXPERIMENTAL AND THE CONTROL GROUP OF ADOLESCENTS.**

**Table-4: Mean and standard deviation of the pre test level of anger among experimental group and control group of adolescents.**

**(N=60)**

S. No	Group	Pre test		't' test value
		Mean	Standard Deviation	
1.	Experimental group	68.7	12.02	0.884 #
2.	Control group	71.16	9.43	NS

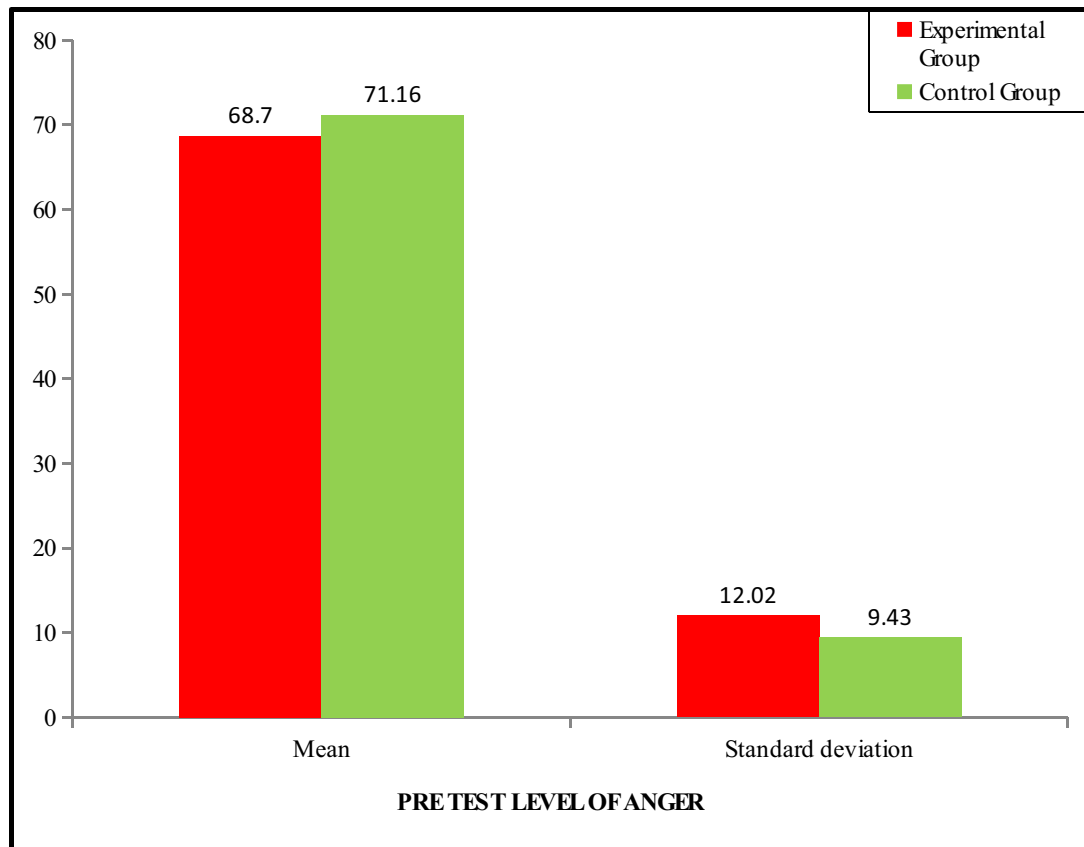
# NS-Non significant

p<0.05

Table 4 shows the mean and standard deviation of the pre test level of anger among experimental group and control group of adolescents.

In experimental group, the pre test mean value was 68.7 with the standard deviation 12.02. In control group, the pre test mean value was 71.16 with the standard deviation 9.43. The calculated 't' value was 0.884.

The above findings showed that there was no significant difference in the mean pre test level of anger among the adolescents in experimental group and control group.



**Figure 19: Mean and standard deviation of the pre test level of anger among experimental group and control group of adolescents.**

**Table-5: Mean and standard deviation of the post test level of anger among experimental group and control group of adolescents.**

S. No	Group	Post test		't' test value
		Mean	Standard Deviation	
1.	Experimental group	56.57	16.67	2.833 *  S
2.	Control group	69.2	10.14	

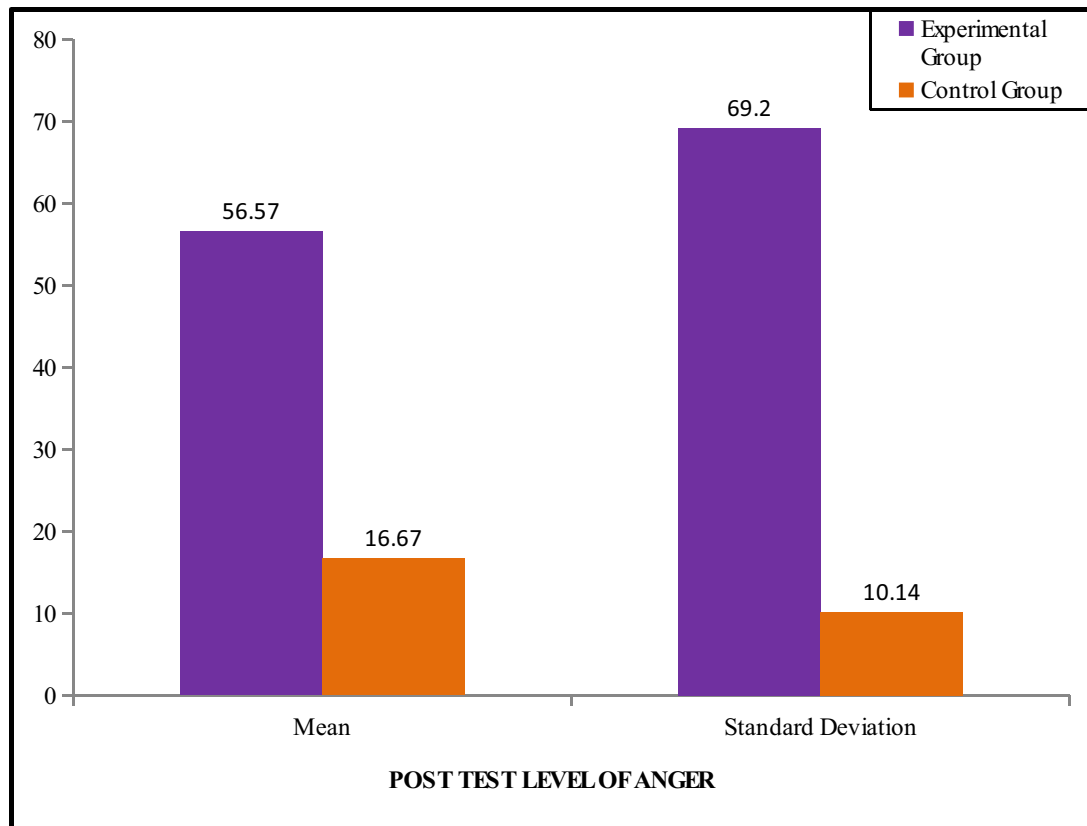
**\*S- Significant**

**p<0.05**

Table 5 shows the mean and standard deviation of the post test level of anger among experimental group and control group of adolescents.

In experimental group the post test mean value was 56.57 with the standard deviation of 16.67. In control group the post test mean value was 69.2 with the standard deviation of 10.14. The calculated 't' test value was 2.833.

The above findings showed that the mean post test level of anger in experimental group was lower than the mean post test level of anger in control group of adolescents.



**Figure 20 : Mean and standard deviation of the post test level of anger among experimental group and control group of adolescents.**



**Table-6: Mean and standard deviation of the pretest and post test level of anger among experimental group of adolescents.**

**(N=60)**

<b>Group</b>	<b>Pre test</b>		<b>Post test</b>		<b>Mean Difference</b>	<b>'t' test Value</b>
	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>		
Experimental group	68.7	12.02	56.57	16.67	12.13	3.23 * S

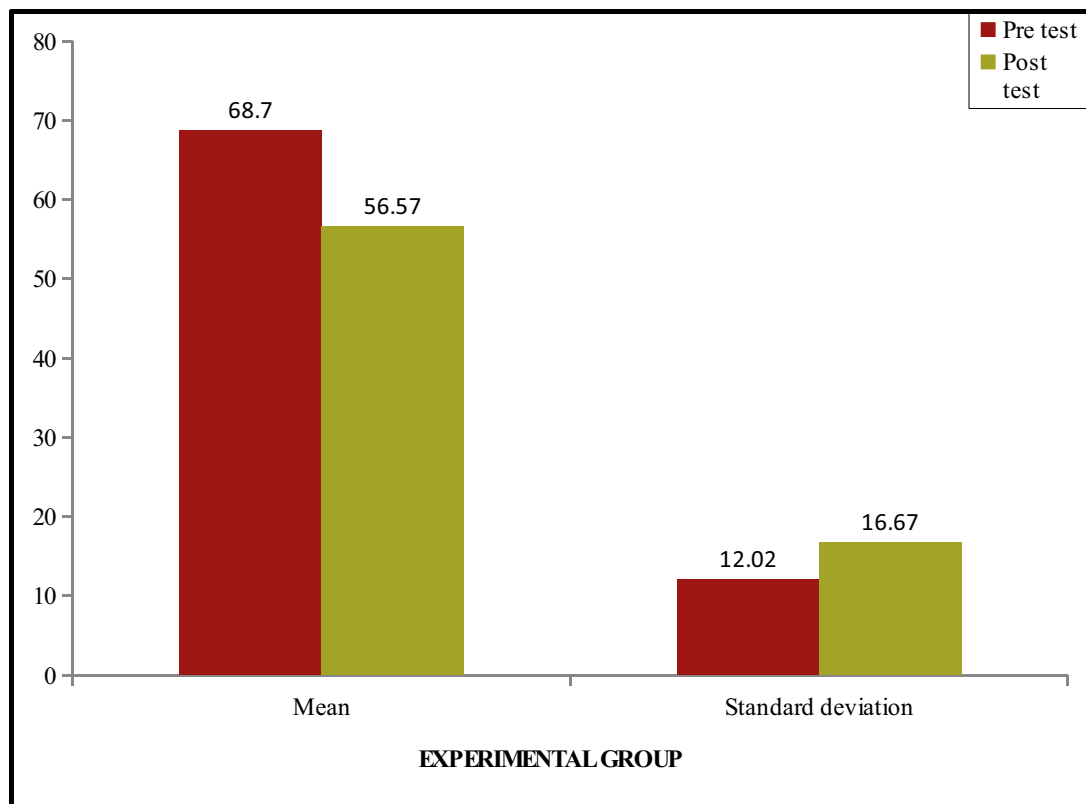
**\*S-Significant**

**p<0.05**

Table-6 reveals the mean and standard deviation of the pretest and post test level of anger among experimental group of adolescents.

In experimental group, it showed the mean value of 68.7 with the standard deviation 12.02 in pre test and a mean value of 56.57 with the standard deviation 16.67 in post test. The mean difference was 12.13. The calculated 't' test value was 3.23.

The findings showed that the mean post test level of anger among the adolescents in experimental group was lower than the mean pre test level of anger in experimental group.



**Figure 21 : Mean and standard deviation of the pretest and post test level of anger among experimental group of adolescents.**

**Table-7: Association between the post test level of anger among the adolescents in experimental group with their selected demographic variables such as age, sex, education, education of parents, occupation of parents, family monthly income, religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living.**

Sl. No	Demographic variable	Post test level of anger								$\chi^2$ p
		Anger No		Anger Mild		Anger Moderate		Anger Severe		
		f	%	f	%	f	%	f	%	
1.	<b>Age</b>									
	a) 11 & 12 years	2	6.66	3	10	1	3.33	-	-	3.287
	b) 13 & 14 years	1	3.33	3	10	4	13.34	-	-	d(f)=4
	c) 15 & 16 years	4	13.34	9	30	3	10	-	-	# NS
2.	<b>Sex</b>									
	a) Male	3	10	13	43.34	6	20	-	-	6.023
	b) Female	4	13.34	2	6.66	2	6.66	-	-	d(f)=2 * S
3.	<b>Education</b>									
	a) 6 <sup>th</sup> std & 7 <sup>th</sup> std	2	6.66	3	10	1	3.33	-	-	3.287
	b) 8 <sup>th</sup> std & 9 <sup>th</sup> std	1	3.33	3	10	4	13.34	-	-	d(f)=6
	c) 10 <sup>th</sup> std & 11 <sup>th</sup> std	4	13.34	9	30	3	10	-	-	# NS

<b>4.</b>	<b>Education of Parents</b>									
	a) Illiterate	4	13.34	6	20	1	3.33	-	-	3.908
	b) Only school education	3	10	8	26.67	6	20	-	-	d(f)=4
	c) Diploma / degree holder	0	0	1	3.33	1	3.33	-	-	#
	d) Professional education	0	0	0	0	0	0	-	-	NS
<b>5.</b>	<b>Occupation of the Parents</b>									
	a) Unemployed	1	3.33	2	6.67	0	0	-	-	
	b) Private employee	6	20	12	40	6	20	-	-	3.815
	c) Government employee	0	0	0	0	0	0	-	-	d(f)=4
	d) Self employee	0	0	1	3.33	2	6.67	-	-	#
<b>6.</b>	<b>Family monthly income</b>									
	a) Nil	1	3.33	3	10	0	0	-	-	4.362
	b) Upto Rs.5000/-	6	20	12	40	7	23.34	-	-	d(f)=9
	c) Rs.5001/- to Rs.10000/-	0	0	0	0	1	3.33	-	-	#
	d) Above Rs.10001/-	0	0	0	0	0	0	-	-	NS
<b>7.</b>	<b>Religion</b>									
	a) Hindu	5	16.67	13	43.33	5	16.66	-	-	1.843
	b) Christian	2	6.67	2	6.67	3	10	-	-	d(f)=2
	c) Muslim	0	0	0	0	0	0	-	-	#
	d) Others	0	0	0	0	0	0	-	-	NS
<b>8.</b>	<b>Birth order</b>									
	a) First	4	13.34	12	40	2	6.67	-	-	9.620
	b) Second	1	3.33	2	6.67	5	16.66	-	-	d(f)=4
	c) Third	2	6.67	1	3.33	1	3.33	-	-	*
	d) Above third	0	0	0	0	0	0	-	-	S
<b>9.</b>	<b>Number of friends</b>									
	a) No	5	16.66	5	16.66	4	13.34	-	-	4.679
	b) One	1	3.33	6	20	2	6.67	-	-	d(f)=6
	c) Two	0	0	4	13.34	2	6.67	-	-	#
	d) Above two	1	3.33	0	0	0	0	-	-	NS

<b>10.</b>	<b>Number of Siblings</b>									
	a) No	1	3.33	3	10	1	3.33	-	-	0.368
	b) One	3	10	7	23.34	4	13.34	-	-	d(f)=4
	c) Two	3	10	5	16.66	3	10	-	-	#
	d) Above two	0	0	0	0	0	0	-	-	NS
<b>11.</b>	<b>Type of family</b>									0.013
	a) Nuclear family	6	20	13	43.33	7	23.34	-	-	d(f)=2
	b) Joint family	1	3.33	2	6.67	1	3.33	-	-	#
										NS
<b>12.</b>	<b>Dietary pattern</b>									1.299
	a) Vegetarian	3	10	10	33.33	4	13.34	-	-	d(f)=2
	b) Non vegetarian	4	13.34	5	16.66	4	13.33	-	-	#
										NS
<b>13.</b>	<b>Area of living</b>									0.000
	a) Rural	7	23.34	15	50	8	26.66	-	-	d(f)=0
	b) Urban	0	0	0	0	0	0	-	-	#
										NS

\*S-Significant

#NS-Non Significant

P&lt;0.05

Table 7 shows the association between the post test level of anger among adolescents in experimental group with their selected demographic variables such as age, sex, education, education of parents, occupation of parents, family monthly income, religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living.

The findings showed that there was a significant association between the post test level of anger among adolescents in experimental group with the demographic variable sex and birth order and there was no significant association between the post test level of anger among adolescents in experimental group with their selected demographic variables such as age, education, education of parents, occupation of

parents, family monthly income , religion, number of friends, number of siblings, type of family, dietary pattern and area of living at  $p<0.05$  level.

**Table 8: Association between the post test level of anger among the adolescents in control group with their selected demographic variables such as age, sex, education, education of parents, occupation of parents, family monthly income , religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living.**

**(N=30)**

Sl. No	Demographic variable	Post test level of anger								χ <sup>2</sup> value
		Anger No		Anger Mild		Anger Moderate		Anger Severe		
		f	%	f	%	f	%	f	%	
1.	Age									0.539
	a) 11 & 12 years	-	-	3	10	4	13.33	-	-	d(f)=4
	b) 13 & 14 years	-	-	4	13.3	5	16.67	-	-	#
	c) 15 & 16 years	-	-	8	26.7	6	20	-	-	NS
2.	Sex									0.240
	a) Male	-	-	13	43.33	12	40	-	-	d(f)=2
	b) Female	-	-	2	6.67	3	10	-	-	#
										NS
3.	Education									0.539
	a) 6 <sup>th</sup> std & 7 <sup>th</sup> std	-	-	3	10	4	13.33	-	-	d(f)=4
	b) 8 <sup>th</sup> std & 9 <sup>th</sup> std	-	-	4	13.3	5	16.67	-	-	#
	c) 10 <sup>th</sup> std & 11 <sup>th</sup> std	-	-	8	26.7	6	20	-	-	NS
4.	Education of Parents									2.225
	a) Illiterate	-	-	8	26.66	4	13.34	-	-	d(f)=2
	b) Only school education	-	-	5	16.67	8	26.66	-	-	#
	c) Diploma / degree holder	-	-	2	6.67	3	10	-	-	NS
	d) Professional education	-	-	0	0	0	0	-	-	

5.	<b>Occupation of the Parents</b>									
	a) Unemployed	-	-	3	10	2	6.67	-	-	0.533
	b) Private employee	-	-	11	36.66	11	36.67	-	-	d(f)=2
	c) Government employee	-	-	0	0	0	0	-	-	#
	d) Self employed	-	-	1	3.33	2	6.67	-	-	NS
6.	<b>Monthly income of family</b>									
	a) Nil	-	-	2	6.67	2	6.67	-	-	0.376
	b) Upto Rs.5000/-	-	-	12	40	11	36.66	-	-	d(f)=2
	c) Rs.5001/- to Rs.10000/-	-	-	1	3.33	2	6.67	-	-	#
	d) Above Rs.10001/-	-	-	0	0	0	0	-	-	NS
7.	<b>Religion</b>									
	a) Hindu	-	-	13	43.33	12	40	-	-	0.240
	b) Christian	-	-	2	6.67	3	10	-	-	d(f)=1
	c) Muslim	-	-	0	0	0	0	-	-	#
	d) Others	-	-	0	0	0	0	-	-	NS
8.	<b>Birth order</b>									
	a) First	-	-	9	30	5	16.67	-	-	2.209
	b) Second	-	-	4	13.33	6	20	-	-	d(f)=2
	c) Third	-	-	2	6.67	4	13.33	-	-	#
	d) Above third	-	-	0	0	0	0	-	-	NS
9.	<b>Number of friends</b>									
	a) No	-	-	6	20	7	23.34	-	-	0.718
	b) One	-	-	5	16.67	3	10	-	-	d(f)=3
	c) Two	-	-	3	10	4	13.33	-	-	#
	d) Above two	-	-	1	3.33	1	3.33	-	-	NS
10.	<b>Number of Siblings</b>									
	a) No	-	-	2	6.67	1	3.33	-	-	0.733
	b) One	-	-	8	26.66	7	23.34	-	-	d(f)=2
	c) Two	-	-	5	16.66	7	23.34	-	-	#
	d) Above two	-	-	0	0	0	0	-	-	NS
11.	<b>Type of family</b>									0.240
	a) Nuclear family	-	-	12	40	13	43.33	-	-	d(f)=1
	b) Joint family	-	-	3	10	2	6.67	-	-	#



										<b>NS</b>
<b>12.</b>	<b>Dietary pattern</b>									0.556
	a) Vegetarian	-	-	8	26.7	10	33.33	-	-	d(f)=1
	b) Non vegetarian	-	-	7	23.3	5	16.67	-	-	#
										<b>NS</b>
<b>13.</b>	<b>Area of living</b>									0.000
	a) Rural	-	-	15	50	15	50	-	-	d(f)=0
	b) Urban	-	-	0	0	0	0	-	-	#
										<b>NS</b>
<b>* S-Significant</b>		<b># NS-Non Significant</b>					<b>P&lt;0.05</b>			

Table 8 shows the association between the post test level of anger among the adolescents in control group with their selected demographic variables such as age, sex, education, education of parents, occupation of parents, family monthly income, religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living.

The findings showed that there was no significant association between the post test level of anger among adolescents in control group with their selected demographic variables at  $p<0.05$  level.

## CHAPTER-V

### DISCUSSION

This chapter deals with the discussion of the data analyzed based on the objectives and hypothesis of the study. The problem stated was “A study to assess the effectiveness of Thought field therapy on level of anger among adolescents in selected schools at Virudhunagar District.”

#### **Major findings of the study were,**

- ❖ With regard to the pre test level of anger in experimental group, out of 30 samples, 18 (60%) of them had mild anger, 12 (40%) of them had moderate anger and none of them had no anger and severe anger.
- ❖ With respect to the pre test level of anger in control group, out of 30 samples, 16 (53.33%) of them had mild anger, 14(46.67%) of them had moderate anger and none of them had no anger and severe anger.
- ❖ With regard to the post test level of anger in experimental group, out of 30 samples 7 (23.33%) of them had no anger, 15 (50%) of them had mild anger, 8 (26.67%) of them had moderate anger and none of them had severe anger.
- ❖ With respect to the post test level of anger in control group, out of 30 samples, 15 (50%) of them had mild anger, 15 (50%) of them had moderate anger and none of them were in the category of no anger and severe anger.
- ❖ In experimental group, the pre test mean value was 68.7 with the standard deviation 12.02. In control group, the pre test mean value was 71.16 with the standard deviation 9.43. The calculated 't' value was 0.884.
- ❖ In experimental group the post test mean value was 56.57 with the standard deviation of 16.67. In control group the post test mean value was 69.2 with the standard deviation of 10.14. The calculated 't' test value was 2.833.
- ❖ In experimental group, it showed the mean value of 68.7 with the standard deviation 12.02 in pre test and a mean value of 56.57 with the standard

deviation 16.67 in post test. The mean difference was 12.13. The calculated 't' test value was 3.23.

- ❖ There was a significant association between the post test level of anger among adolescents in experimental group with the demographic variable sex and birth order and there was no significant association between the post test level of anger among adolescents in experimental group with their selected demographic variables such as age, education, education of parents, occupation of parents, family monthly income, religion, number of friends, number of siblings, type of family, dietary pattern and area of living.
- ❖ There was no significant association between the post test level of anger among adolescents in control group with their selected demographic variables.

**The first objective was to assess the pretest and posttest level of anger among adolescents in experimental and control group.**

The experimental group showed a mean value of 68.7 with the standard deviation of 12.02 in pre test and control group showed a mean value of 71.16 with the standard deviation of 9.43 in pre test. The calculated 't' value was 0.884 which showed that there was no significant difference between the pre test level of anger among experimental and control group at  $p < 0.05$  level.

The experimental group showed a mean value of 56.57 with the standard deviation of 16.67 in post test and the control group showed a mean value of 69.2 with the standard deviation of 10.14 in post test. The calculated 't' test value was 2.833 which showed that there was a significant difference between the post test level of anger among experimental and control group at  $p < 0.05$  level.

The above finding was supported by a study conducted by **Salar Dousti (2007)** on the effects of thought field therapy on reduction of anger and aggression. The sample population of this study included all junior male students of Sahneh city,

Iran. Totally, 196 students were selected by simple random sampling, administrated the anger and aggression questionnaire and 45 students getting a high score of anger and aggression were selected. Afterwards, they were randomly placed into experimental groups and control group. The experimental group received thought field therapy for six sessions. Finally, the post-test was administrated to both groups. The results of pre- and post-tests were evaluated by “analysis of covariance method”. The study results revealed that thought field therapy decrease the students’ anger and aggression. As a result, the findings can be used effectively in schools for reducing and controlling the anger and aggression.

**The second objective was to find out the effectiveness of Thought field therapy on anger among adolescents in experimental group.**

In experimental group it showed a mean value of 56.57 with the standard deviation of 16.67 in post test and the control group showed a mean value of 69.2 with the standard deviation of 10.14 in post test. The calculated ‘t’ test value was 2.833 which showed a significant difference on the post test level of anger between experimental and control group.

This revealed that the post test level of anger was improved in experimental group than the control group.

Hence the research hypothesis  $RH_1$  stated earlier that “The mean post test level of anger among adolescents in the experimental group will be significantly lower than the mean post test level of anger in the control group” was retained at  $p < 0.05$  level.

The above finding was supported by a study by **Gholami et al (2006)** on the effect of thought field therapy on anger of male high school students. This is an experimental study on pre and posttest experimental and control groups. The statistical population of this study included all of students of the high schools of

Ashkanan selected through cluster sampling. Of the six high schools in Ashkanan, one was randomly selected. Among the school's first grade classes, two were randomly selected. They were divided into the experimental (30) and control (30) groups randomly. First, the two groups filled out AARS (pretest). Then, the intervention programs were carried out through 10 sessions of thought field therapy, for the experimental group but the control group did not receive any intervention. In the next step, the two groups filled out AARS again as posttest. The data were analyzed using SPSS software. The results of the analysis showed that thought field therapy is effective on anger of male students. The anger mean scores of the experimental group were significantly reduced as compared to the control group. The use of thought field therapy is effective on reducing anger in male students.

**The third objective was to compare the pre test and post test level of anger among adolescents in experimental group.**

The analysis of pre test level of anger among adolescents in experimental group revealed that out of 30 samples 18 (60%) of them were having mild anger, 12 (40%) of them were having moderate anger and none of them were having severe anger and no anger.

The analysis of the post test level of anger among adolescents in experimental group revealed that out of 30 samples 7 (23.33%) of them were having no anger, 15 (50%) of them were having mild anger, 8 (26.7%) of them were having moderate anger and none of them were having severe anger.

The experimental group showed a mean value of 68.7 with the standard deviation of 12.02 in the pre test and a mean value of 56.57 with the standard deviation of 16.67 in the post test. The mean difference was 12.13. The calculated 't'

test value was 3.23 which showed a significant difference between the pre test and post test level of anger among experimental group of adolescents at  $p < 0.05$  level.

Hence the research hypothesis RH<sub>2</sub> stated earlier that “The mean post test level of anger among adolescents in the experimental group will be significantly lower than their mean pre test level of anger” was retained at  $p < 0.05$  level.

The above result was supported by a study conducted by **Maryam Ghorbani Nohoujia (2009)** to determine the effectiveness of thought field therapy on reducing anger in adolescents living in a juvenile institution. In this study, 15 participants as the experimental group and 15 participants as the control group were investigated in a quasi-experimental method. Data were collected by using the tool consisted of two parts: Demographic data, Adolescents anger rating Scale by self-reporting. For data analysis, Analysis of covariance and analysis of variance with repeated measures was used. Results showed that the intervention has led to a significant decrease in anger. The changes in the two-month follow-up showed no lasting effects. Based on the findings of the study, thought field therapy could be proposed as a strategy for reducing anger.

**The fourth objective was to associate the post test level of anger among the adolescents with their selected demographic variables in experimental group and control group.**

The findings showed that there was a significant association between the post test level of anger among adolescents in experimental group with the demographic variable sex and birth order and there was no significant association between the post test level of anger among adolescents in experimental group with their selected demographic variables such as age, education, education of parents, occupation of

parents, family monthly income , religion, number of friends, number of siblings, type of family, dietary pattern and area of living at  $p<0.05$  level.

Hence the research hypothesis  $RH_3$  stated earlier that “There is a significant association between the post test level of anger among adolescents in experimental group with their selected demographic variables” was retained for the demographic variables sex and birth order and rejected for the demographic variables age, education, education of parents, occupation of parents, family monthly income , religion, number of friends, number of siblings, type of family, dietary pattern and area of living .

The findings showed that there was no significant association of the post test level of anger among adolescents in control group with their selected demographic variables at  $p<0.05$  level.

Hence the research hypothesis  $RH_3$  stated earlier that “There is a significant association between the post test level of anger among adolescents in the control group with their selected demographic variables” was rejected for the demographic variables.

The above finding was supported by a study conducted by **Ferda Aysan (2011)** to examine the effect of thought field therapy on anger and communication skills of adolescents. The research has been conducted on 60 students (15-16 years old). The data were collected through the use of, The State-Trait Anger Expression Inventory (STAXI) and, The Communication Skills Inventory. An experimental model with pre-test and post-test control group was used in the study. For the purpose of data analysis, one-way analysis of variance (Anova) for repeated measures was used. In this study, a statistically significant decrease was found in trait anger, anger-in and anger-out levels and significant increase was found in anger control level and

communication skills after the Thought field therapy. It was also found out that there was a significant increase in the use of communication skills of the placebo group in which encounter group was practiced.



## CHAPTER-VI

### SUMMARY, CONCLUSION, LIMITATIONS, NURSING IMPLICATION AND RECOMMENDATIONS

This chapter deals with the summary, conclusion, limitations, nursing implication and recommendations.

#### SUMMARY

This study was undertaken to assess the effectiveness of Thought field therapy on level of anger among adolescents in selected schools at Virudhunagar District.

Anger is "an emotional state that varies in intensity from mild irritation to intense fury and rage." **(Charles Spielberger, PhD, 2012)**

Anger is an alternate and natural emotion; anger is also an out-coming response to pain in one form or another (physical or emotional). Anger can happen when people do not feel fine, when they feel rejected and discouraged or experience some loss. **(Smith & Lazarus, 1993)**

Anger may lead to family, Interpersonal, job conflicts, negative evaluation of others and low self-esteem. Chronic anger negatively affect physical and mental health, social interaction and quality of life. **(Marie & merchandise& pin, 2003)**

Adolescents face a lot of emotional issues during the period of development. It is a stressful developmental period filled with major changes in physical maturity and sexuality, cognitive processes, emotional feelings, and relationships with others. They will face questions of identity, separation and relationship. The relationship between teens and their parents also will change as teen become more independent. This can bring more frustration and confusion that lead to anger and a pattern of reactive behaviour in adolescents. **(Dixon, Scheidegger, & Mcwhirter, 2009)**

Teens that are exposed to frequent images of violence through videogames, movies and television will have the risk of anger expression. In addition, teens that were punished for their anger when they were young might also be at higher risk for anger disorders later in life. They never learn how to express the emotion properly, so the problem tends to grow. **(Walker et al., 1991)**

Thought Field Therapy is a treatment for psychological disturbances that provides a code, that when applied to a psychological problem the person is focusing on, will eliminate the perturbations in the thought field – the fundamental cause of all negative emotions. TFT empowers a person to deal with even the most extreme stress and trauma rather than being overwhelmed by negative emotions. **(Parisa Amjadian, 2006)**

#### **THE OBJECTIVES OF THE STUDY WERE**

- ❖ To assess the pre and post test level of anger among adolescents in experimental group and control group.
- ❖ To find out the effectiveness of Thought field therapy on anger among adolescents in experimental group.
- ❖ To compare the pre and post test level of anger among adolescents in experimental group.
- ❖ To associate the post test level of anger among adolescents with their selected demographic variables in experimental group and control group.

#### **THE RESEARCH HYPOTHESES STATED WERE**

- H<sub>1</sub>: The mean post test level of anger among adolescents in experimental group will be significantly lower than the mean post test level of anger in the control group.
- H<sub>2</sub>: The mean post test level of anger among adolescents in experimental group will be significantly lower than their mean pre test level of anger.

H<sub>3</sub>: There will be a significant association between the post test level of anger among adolescents with their selected demographic variables in experimental group and control group.

The research design selected for this study was true experimental pre test and post test control group design. The study was conducted in Government Higher Secondary School, Sankarapandiyapuram. The tool used for data collection consisting of two sections. Section A deals with demographic variables such as age, sex, education, education of parents, occupation of parents, family monthly income, religion, birth order, number of friends, number of siblings, type of family, dietary pattern and area of living. Section B consists of Modified Novaco Anger scale which was used for the study to assess the level of anger among adolescents.

The tool was validated by five experts consisting of four nursing experts and one medical expert in the field of psychiatry. The reliability of the tool was confirmed by test retest method by using Karl Pearson's formula. The reliability was  $r=0.89$  which showed a highly positive correlation of the tool. The pilot study was conducted and findings revealed that the tool was feasible and practicable to conduct the main study. The main study was conducted in Government Higher Secondary School, Sankarapandiyapuram. Sixty adolescents who fulfilled the inclusive criteria were selected for the study, out of which 30 adolescents from Government Higher Secondary School, Sankarapandiyapuram were allotted to experimental group and 30 adolescents from the Government Higher Secondary School, Uppather were allotted to control group.

The data was collected and analyzed by using the descriptive and inferential statistics. The findings revealed that there was a significant difference in the level of

anger among adolescents after the administration of thought field therapy. The calculated 't' value was 2.833 which showed a highly significant difference in the post test level of anger between the experimental and control group of adolescents at  $p < 0.05$  level. Hence the research hypothesis stated that "the mean post test level of anger among adolescents in the experimental group will be significantly lower than the mean post test level of anger in the control group" was retained at  $p < 0.05$  level.

Data findings revealed that there was a significant association between the post test level of anger in experimental group with the selected demographic variables sex and birth order and there was no significant association of the post test level of anger among adolescents in control group with their selected demographic variables.

## **CONCLUSION**

From the result of the study, it was concluded that providing thought field therapy to the adolescents was very effective in reducing the level of anger. Therefore the investigator felt that more importance should be given for thought field therapy to decrease the anger among adolescents.

## **IMPLICATIONS**

The researcher has derived the following implications from the study which are of vital importance in the field of nursing practice, nursing administration, nursing education and nursing research.

### **Implications for Nursing Practice**

- 1) The nurse can educate the adolescents regarding the ways to express the emotions.
- 2) Nurses can encourage develop in depth knowledge regarding the benefits of thought field therapy.
- 3) Nurses can encourage the practice of thought field therapy for the adolescents to manage the difficult emotions.

- 4) Nurse can motivate the adolescents to practice various measures to reduce the anger.

### **Implications for Nursing Education**

- 1) The nurse educators need to have adequate knowledge regarding complementary and alternative therapies that will be reducing the anger.
- 2) Nursing students can receive adequate practice in thought field therapy and to motivate them to do in clinical practice.
- 3) Conduct workshops and conferences for students regarding the use of thought field therapy.
- 4) Nurse educator can take interest to include the thought field therapy in nursing curriculum.

### **Implications for Nursing Administration**

- 1) Nurses can assist in implementing public health awareness campaigns aimed at reducing anger by thought field therapy to the adolescents.
- 2) Nurse administrators can conduct training programs on thought field therapy for staff nurses and social workers.
- 3) Public information programs can be designed by nurses to encourage the practice of thought field therapy.
- 4) Can provide opportunities for school health nurses and teachers to attend training program on thought field therapy for the reduction of anger among adolescents.

### **Implications for Nursing Research**

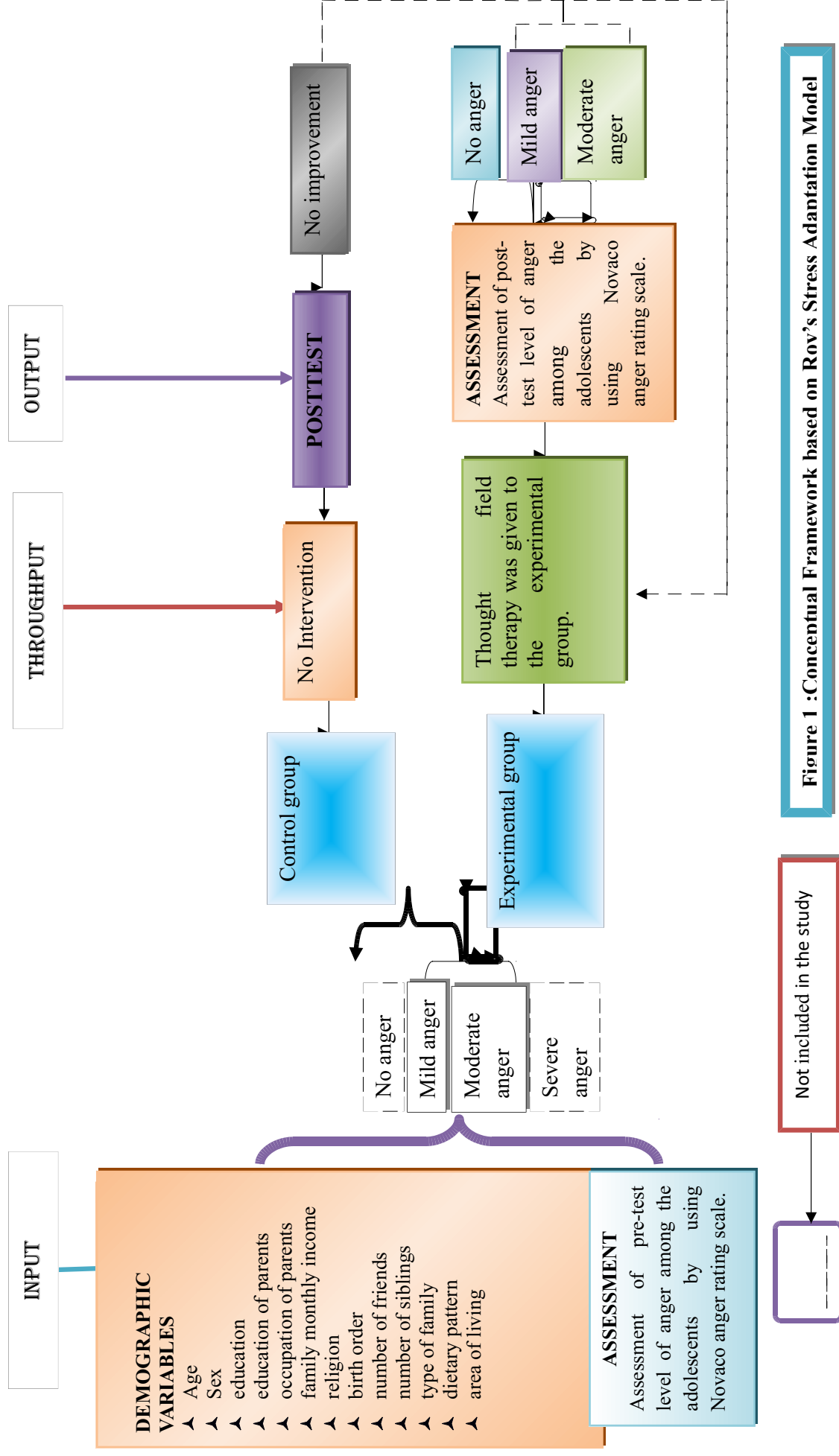
- 1) Nurse can conduct research to further clarify the benefits of thought field therapy for adolescents.
- 2) Encourage further research to be conducted to find the effectiveness of thought field therapy among adolescents on other conditions.
- 3) Disseminate the findings of the research through conferences, workshops, seminars and publishing in nursing journals.
- 4) The research findings can help to build and strengthen the knowledge about the effect of thought field therapy.

## **LIMITATIONS**

- ❖ The study will be limited to selected schools in Virudhunagar District.
- ❖ The study will be limited to the adolescents within the age group of 11 to 16 years.
- ❖ The study is limited to sample size of 60.
- ❖ The data collection period limited to one month.

## **RECOMMENDATIONS**

- ❖ The following studies can be undertaken to strengthen thought field therapy as a good remedy for anger among adolescents.
- ❖ A study can be carried out to assess relationship between the anger, anxiety, depression, self esteem and psychological well being among adolescents.
- ❖ A comparative study can be conducted to assess the level of anger among male and female adolescents.
- ❖ A quasi experimental study can be done to assess the effect of thought field therapy on anxiety among physically disabled adolescents.
- ❖ An experimental study can be conducted to assess the effect of thought field therapy on aggression and impulsive behavior among the adolescents.
- ❖ An experimental study can be conducted to assess the effect of thought field therapy on mental health among the adolescents.



Not included in the study

Figure 1 :Conceptual Framework based on Rov's Stress Adaptation Model

## APPENDIX-A

### LETTER SEEKING AND GRANTING PERMISSION FOR CONDUCTING THE STUDY



## SRI K. RAMACHANDRAN NAIDU COLLEGE OF NURSING

Approved by Govt. of Tamilnadu and Indian Nursing Council / T.N.C  
Affiliated to the Tamilnadu Dr. M.G.R. Medical University

K.R. Naidu Nagar - 627 753, Paruvakudi Village, Post Bag No.1, Karivalam (via)  
Sankarankovil (Tk), Tirunelveli (Dt), Ph. : 04636 - 260950, Fax : 04636 - 260377.  
E - Mail : srikncon@yahoo.com Web : srikmaiducollegeofnursing.org

To

The Head Master,  
Government Higher Secondary School,  
Uppathur,  
Sattur Taluk,  
Virudhunagar District.

Respected Sir/Madam,


Mrs.K.Sutha Mahesh is a bonafide student of our college studying in M.Sc (N) programme. As a partial fulfilment of the university requirement for the award of the M.Sc (N) degree, she needs to conduct research project.

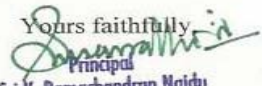
Her chosen research project is as follows "A study to assess the effectiveness of thought field therapy on level of anger among adolescents in selected schools at Virudhunagar District".

She will abide by rules and regulations of the School and adhere to the policies during her period of pilot study from 01.03.2015 to 31.03.2015. Permission may kindly be granted to her for conduction of the study at your esteemed centre.

Further details of the proposal project will be furnished by the student personally, confidentiality will be ensured in the research project.

Thanking you

  
HEADMASTER  
GOVT. HR. SEC. SCHOOL  
UPPATHUR - 626 005,  
Virudhunagar Dist.

Yours faithfully  
  
Principal  
Sri K. Ramachandran Naidu  
College of Nursing  
K.R. Naidu Nagar - 627 753, Karivalam (Via)  
Sankarankovil (T.K.) Tirunelveli Dt.



## APPENDIX-A

### LETTER SEEKING AND GRANTING PERMISSION

#### FOR CONDUCTING THE STUDY



### SRI K. RAMACHANDRAN NAIDU COLLEGE OF NURSING

Approved by Govt. of Tamilnadu and Indian Nursing Council / T.N.C  
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E - Mail : srikoncon@yahoo.com Web : sriknaiducollegeofnursing.org

To

The Head Master,  
Government Higher Secondary School,  
Sankarapandiyapuram,  
Sattur Taluk  
Virudhunagar district.

Respected Sir/Madam,

**Mrs.K.Sutha Mahesh** is a bonafide student of our college studying in M.Sc (N) programme. As a partial fulfilment of the university requirement for the award of the M.Sc (N) degree, she needs to conduct research project.

Her chosen research project is as follows **"A study to assess the effectiveness of thought field therapy on level of anger among adolescents in selected schools at Virudhunagar District"**.

She will abide by rules and regulations of the School and adhere to the policies during her period of pilot study from 01.03.2015 to 31.03.2015. Permission may kindly be granted to her for conduction of the study at your esteemed centre.

Further details of the proposal project will be furnished by the student personally, confidentiality will be ensured in the research project.

Thanking you

  
**HEAD MASTER**  
GOVT. HR. SEC. SCHOOL,  
Sankarapandiyapuram-626 201.  
Virudhunagar District.

  
Yours faithfully,  
**Principal**  
Sri K. Ramachandran Naidu  
College of Nursing  
K.R. Naidu Nagar - 627 753, Karivalam (Via)  
Sankarankovil (T.K.) Tirunelveli Dt.,

## **APPENDIX- B**

### **LETTER SEEKING EXPERT’S OPINION FOR CONTENT VALIDITY**

**From**

**Mrs.K. Sutha mahesh,  
M.Sc., Nursing II year,  
Sri. K. Ramachandran Naidu College Of Nursing,  
Sankarankovil.**

**To**

**Respected Sir/Madam,**

**Subject: Seeking validation of tool and content validity**

I am II year M.Sc., Nursing student studying in Sri. K. Ramachandran Naidu College Of Nursing, Sankarankovil working on dissertation titled, **“A Study to assess the effectiveness of thought field therapy on level of anger among adolescents in selected school at Virudhunagar”**. The dissertation is to be submitted to the Tamilnadu Dr.MGR Medical University, Chennai as a partial fulfilment for the requirement of M.Sc Nursing degree. Hence I request you to kindly evaluate the tool items and give your valuable opinion and suggestions for improvement of this tool. I would be highly obliged and thankful to hear from you.

Thanking you in anticipation.

Yours sincerely,

**(K. SUTHA MAHESH)**

**Enclosures:**

Statement of the problem

Research tool

Scoring key

## APPENDIX – C

### CONTENT VALIDITY CERTIFICATE

## APPENDIX – C

### CONTENT VALIDITY CERTIFICATE

#### CERTIFICATE FOR CONTENT VALIDITY

I Mrs. Femila hereby certify that I have validated the tool of Mrs.K.Suthamahesh II year M.Sc nursing student of Sri. K. Ramachandran Naidu College of Nursing, Sankarankovil who is undertaking the following study,

"A study to assess the effectiveness of thought field therapy on level of anger among adolescents in selected schools at Virudhunagar District"

place: Neyyoor

Date: 25.2.15

[Signature]  
Signature of the expert:



## CERTIFICATE FOR CONTENT VALIDITY


I Dr. C. Panneer Selvan hereby certify that I have validated the tool of Mrs.K.Suthamahesh II year M.Sc nursing student of Sri. K. Ramachandran Naidu College of Nursing, Sankarankovil who is undertaking the following study,

"A study to assess the effectiveness of thought field therapy on level of anger among adolescents in selected schools at Virudhunagar District"

place:

Date :

Signature of the expert:

  
Dr. C. PANNEER SELVAN M.D., Ph.D., DPM.  
Consultant Psychiatrist  
Sacka Mind Care Centre  
12, South Bye Pass Road,  
TIRUNELVELI - 627 005.  
RG no 54126

## **APPENDIX-D**

### **LIST OF EXPERTS FOR CONTENT VALIDITY**

- 1. Dr. Paneer Selvan** MBBS, MD., (Psychiatry) NIMHANS  
Consultant Psychiatrist  
Sneka Mind Care Centre  
Tirunelveli.
- 2. Prof. (Mrs). Induja M.Sc(N).,**  
Professor in Mental Health Nursing  
Sacred heart College of Nursing  
Madurai.
- 3. Prof. (Mrs). Jesintha M.Sc(N).,**  
Professor in Mental Health Nursing  
Sacred heart College of Nursing  
Madurai.
- 4. Prof. (Mrs). Jancy Rachel M.Sc(N).,**  
Professor in Mental Health Nursing,  
Jayaraj Anna Packiam College of Nursing,  
Madurai.
- 5. Prof. (Mrs). Femila M.Sc(N).,**  
HOD of Mental Health Nursing  
Christian College of Nursing  
Neyyoor.

## **APPENDIX-F**

### **CERTIFICATE OF INFORMED CONSENT**

Dear adolescent students,

I **Mrs. K. SUTHA MAHESH** M.Sc.,(N) II year student from Sri. K. Ramachandran Naidu College of Nursing, Tirunelveli is conducting a study to assess the effectiveness of thought field therapy on level of anger among adolescents in selected schools at Virudhunagar district, as a partial fulfillment of the requirement for the degree of M.Sc in Nursing under the Tamil Nadu Dr. M.G.R. Medical University. The adolescent's level of anger will be assessed using Modified NOVACO anger scale. I assure that the responses given by you will be used only for my study purpose. There is no right or wrong answers. So please feel free in answering the questions. Then I will administer thought field therapy to you. This will be promoting your welfare.

So, I request you to kindly give your full co-operation and willingness to conduct this study effectively and successfully.

Thank you.

## **APPENDIX- G**

### **COPY OF THE TOOL FOR DATA COLLECTION**

#### **SECTION A- DEMOGRAPHIC VARIABLES**

**1. Age**

- a) 11 & 12 yrs
- b) 13 & 14 yrs
- c) 15 & 16 yrs

**2. Sex**

- a) Male
- b) Female

**3. Education**

- a) 6<sup>th</sup> std & 7<sup>th</sup> std
- b) 8<sup>th</sup> std & 9<sup>th</sup> std
- c) 10<sup>th</sup> std & 11<sup>th</sup> std

**4. Education of Parents**

- a) Illiterate
- b) Only School education
- c) Diploma/ degree holder
- d) Professional education

**5. Occupation of the Parents**

- a) Unemployed
- b) Private employee
- c) Government employee
- d) Self employed

**6. Family Monthly Income**

- a) Nil
- b) Upto Rs. 5000/-
- c) Rs. 5001/- to Rs. 10000/-
- d) Above Rs. 10001/-

**7. Religion**

- a) Hindu
- b) Christian
- c) Muslim
- d) Others

**8. Birth Order**

- a) First
- b) Second
- c) Third
- d) Above third

**9. Number of friends**

- a) No
- b) One
- c) Two

d) Above two

**10. Number of Siblings**

a) No

b) One

c) Two

d) Above Two

**11. Type of family**

a) Nuclear

b) Joint

**12. Dietary pattern**

a) Vegetarian

b) Non vegetarian

**13. Area of living**

a) Rural

b) Urban



## SECTION –B MODIFIED NOVACO ANGER SCALE

**Sample No:**

**Name :**

S.No	Item	Score				
		0	1	2	3	4
1	You unpack new laptop that you have just bought, plug it and discover that it doesn't work.					
2	Being overcharged by a repairman for repairing your cycle what you will do?					
3	Being singled out for correction when others go unnoticed.					
4	Getting your two wheeler stuck in the mud because of rain.					
5	You are talking to someone and they don't answer.					
6	Someone pretends to be something you're not.					
7	While you are struggling to carry four cups of coffee to your table at the cafeteria, someone bumps into you spilling the coffee.					
8	You hung up your coat but someone knocks it to the floor and doesn't pick it up.					
9	You are hounded by salesperson from the moment you walk in the store.					
10	You made plans to go somewhere with a friend who backs out at the last minute leaving you hanging.					
11	Being joked about or teased.					
12	Your citybus is stalled at a traffic light, and the guy behind you keeps blowing his horn.					
13	You accidently make the wrong kind of turn in a parking lot. As you get out of your bicycle someone sells at you, where did you learn to drive?					

S.No	Item	Score				
		0	1	2	3	4
14	You are trying to concentrate but a person near you is tapping their foot.					
15	Someone makes a mistake and blames it on you.					
16	You lend someone an important book or tool and they don't return it.					
17	You have had a busy day, and your roommate or spouse starts complaining about how you forgot to stop at the store.					
18	You are trying to discuss something important with a friend or relative who isn't giving you a chance to express your feeling.					
19	You are in a discussion with someone who persists in arguing about a topic they know very little about.					
20	Someone sticks his/her nose into an argument between you and another person.					
21	You need to go for exams in the city bus, but the car in front of you is going very slowly, your bus can't pass it.					
22	You Step on a glob of chewing gum.					
23	You're mocked by small group of people as you pass them.					
24	In a hurry to get somewhere, you tear your favorite pair of pants.					
25	You use your last quarter to make a phone call, but you are disconnected before you finish dialing and the quarter is not returned.					

## **APPENDIX-H**

### **MODIFIED NOVACO RATING SCALE**

#### **DESCRIPTION OF TOOL AND SCORING KEY**

Modified NOVACO Anger Scale to assess the level of anger. It has 25 items. It is a 5 point scale. Each item was scored as 0 for no annoyance, 1 irritable, 2 moderately upset, 3 quite angry, 4 for very angry. Total score is 100

The Score was represented as follows:

#### **SCORE INTERPRETATIONS**

<b>Score</b>	<b>Interpretation</b>
0 – 45	No anger
46 – 75	Mild anger
76 – 85	Moderate anger
86 – 100	Severe anger

## **APPENDIX-I**

### **STEPS OF INTERVENTION**

#### **INTERVENTION**

#### **THOUGHT FIELD THERAPY**

Thought field therapy is a new age psychotherapy. It is a traditional medicine. It was developed in 1981 by Dr. Roger a cognitive psychologist. It is a exercise use the fingers and tapping the meridian points includes under eye, under arm, collarbone and gamut spot. It can be done 30 minutes a day for 5 days in a week from Monday to Friday, morning 8.30am- 9.00am for 4 weeks.

#### **STEPS OF INTERVENTION**

- ❖ The researcher established rapport with the adolescents
- ❖ The participants in the experimental group were made to sit in 6 members at 5 rows with 2 feet distance
- ❖ The researcher told the adolescents to close their eyes and take deep breath for 3 minutes
- ❖ The researcher guided the adolescents to do following steps

#### **UNDER EYE**

Instruct the adolescents to tap slowly under the eyes for 5 times (under the pupil just below the rim of the bone-inside of the index finger is used)

#### **UNDER ARM**

Instruct the adolescents to tap slowly under the arm for 5 times (about 4 inches down from the arm pit- inside of the index finger is used)

#### **COLLARBONE**

Instruct the adolescents to tap slowly the collar bone for 5 times (1 inch down from the v of the neck and 1inch over to right side – inside of the index finger is used)

#### **GAMUT SPOT**

Instruct the adolescents to note the gamut spot and tap gamut spot five times, perform each activity with 5 taps (on the back of the hand in the indentation between the bones of the tiny finger and the ring finger about half inch back onto the hand- inside of the index finger is used)

Tap with eyes open

Tap with eyes closed

Tap with eyes down and do one side

Tap with eyes down and do the opposite side

Tap and roll the eyes in a circle in one direction

Tap and roll the eyes in a circle in opposite direction

Tap and hum a tune (count 1 to 5) with mouth closed

Tap and hum a tune (count 1 to 5) with mouth opened

Again tap and hum a tune (count 1 to 5) with mouth closed.

After finish these whole steps again repeat for 15 times the same steps, do this for 30 minutes per day.

Finally the researcher told the adolescents to drink water and get relaxation for 2 minutes to close the session. Totally each session was conducted for 30 minutes.